



MEMBERSHIP NUMBER (for office use): _____

SAEF Membership Registration Form

Please send your form plus proof of payment to : admin@saef.org.za

SECTION A: PERSONAL DETAILS

Title: _____ Initials: _____ Surname: _____

Names: _____

Date of Birth: D D M M Y Y Y Y

FEI Licence Nr.: _____ Gender: M / F Race: _____

Postal Address: _____ Postal Code: _____

Residential Address: _____

_____ Province: _____

Cell: _____ Tel (H): _____ Tel (W): _____

Fax: _____ Email: _____

Disability (if applicable): _____

Would you like to receive communication from the SAEF and it's members? None E-Mail SMS

SECTION B: SAEF REGISTRATION

Name of Primary Club: _____

Please select one of the following registration options:

- Official R 0.00
- Groom R 0.00
- Junior Rider (under 18) R210.00
- Senior Rider (18 on 1 Jan 2017) R300.00

SAEF Bank Details:

South African Equestrian Federation
Nedbank Current Account
Acc nr: 1006 673 431
B/code: 198 765

SECTION C: EQUESTRIAN DISCIPLINES

Please indicate which Discipline Association/s you intend to join:

- | | | | | |
|---|-----------------------------------|-------------------------------------|---|--------------------------------------|
| Carriage Driving <input type="checkbox"/> | Dressage <input type="checkbox"/> | Equitation <input type="checkbox"/> | Endurance <input type="checkbox"/> | Eventing <input type="checkbox"/> |
| Para Equestrian <input type="checkbox"/> | Jumping <input type="checkbox"/> | Polo <input type="checkbox"/> | Polocrosse <input type="checkbox"/> | Saddle Seat <input type="checkbox"/> |
| Tent Pegging <input type="checkbox"/> | Showing <input type="checkbox"/> | Vaulting <input type="checkbox"/> | Western Riding <input type="checkbox"/> | |

Other _____

SECTION D: SIGNED BY APPLICANT / LEGAL GUARDIAN

I hereby agree to abide by the Rules and Regulations of the South African Equestrian Federation.

If this application is for a minor (under 18), the application must be signed by the legal guardian)

NAME

DATE

SIGNATURE