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**Membership Form 2016**

***Please fill out the form and send it to us by post along with appropriate fee made payable to the Side Saddle Association of Ireland, and an A5 STAMPED ADDRESED ENVELOPE to the Hon. Secretary, address below. All owners and riders must be members of the association, non-members are not insured and not allowed to compete or partake in SSAI activities.***

**25 euro Junior or Adult Membership available from 1st September to 31st December 2016.**

|  |  |
| --- | --- |
| **Name:** |  |

**Name and signature of Parent if under the age of 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PRINT CLEARLY, ESPECIALLY THE EMAIL ADDRESS**

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| **Total fee enclosed: €** | | | **Date 2016** | | | | |
| **Postal Address:** | |  | | | | | |
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|  | |  | | | | | |
| **Contact Telephone Number:** | | | | |  | **Email:** |  |
| **Mobile Telephone Number:** | | | |  | | **Fax:** |  |
| **Signature:** |  | | | | | **Date:** |  |

**Are you interested in attending training clinics? Yes** 🞏 **No** 🞏

**Do you currently have your own saddle?****Yes** 🞏 **No** 🞏