

POACHER HARNESS CLUB
NEW MEMBERSHIP / RENEWAL OF MEMBERSHIP FORM 2026

PLEASE COMPLETE ALL APPLICABLE PARTS OF THIS FORM AND RETURN TO:

CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, NORTH LINCOLNSHIRE, DN19 7PY.

TELEPHONE: 01469 533824 OR 07967 191653

DRIVER/GROOM SECTION

I WISH TO APPLY TO JOIN THE "POACHER HARNESS CLUB". I UNDERSTAND THAT IT WILL BE NECESSARY TO HAVE PROOF OF CURRENT VACCINATION AGAINST EQUINE INFLUENZA FOR ALL MY ANIMALS THAT I WILL DRIVE IN CLUB EVENTS THIS SEASON AND THAT I MAY BE ASKED TO PRODUCE THESE AT ANY EVENT THAT I ATTEND.

ANNUAL MEMBERSHIP FOR DRIVER & GROOM £40. PLEASE MAKE CHEQUES PAYABLE TO **POACHER HARNESS CLUB** OR MAKE PAYMENT BY BACS TO **POACHER HARNESS CLUB, S/C 40-32-05, A/C No: 11372629**

DRIVER NAME: (Mr, Mrs, Ms)

ADDRESS:

.....

TELEPHONE NUMBER:

EMAIL(IMPORTANT IN CASE OF CANCELLATION):

I AM/AM NOT A FULL MEMBER OF BC (PLEASE QUOTE MEMBERSHIP NUMBER)

FULL OR ASSOCIATE MEMBER, PLEASE STATE::

GROOM NAME & ADDRESS (YOU MAY CHANGE GROOMS DURING THE SEASON BUT PLEASE PUT THE NAME OF THE PERSON THAT YOU WISH TO NOMINATE AS YOUR MAIN GROOM AND WHO WILL BE A GROOM MEMBER OF PHC)

NAME:

ADDRESS:

.....

PHONE:..... EMAIL:.....AGE IF UNDER 18:

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2026 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE THE NECESSARY DOCUMENTATION IF REQUIRED.

I HEREBY AGREE TO ABIDE BY PHC RULES OF COMPETITION AND BY THE PHC CONSTITUTION (2024)

IN ORDER TO COMPLY WITH THE DATA PROTECTION ACT 2018, WE NEED TO MAKE YOU AWARE THAT ANY DATA OR INFORMATION PROVIDED TO **POACHER HARNESS CLUB** FOR THE PURPOSES OF MEMBERSHIP AND OTHER **POACHER HARNESS CLUB** ACTIVITIES WILL BE STORED ON A COMPUTER DATABASE OR OTHERWISE. WE WILL NOT SHARE YOUR INFORMATION WITH ANYONE OTHER THAN **POACHER HARNESS CLUB** MEMBERS. PLEASE DELETE THE FOLLOWING STATEMENT AS APPLICABLE.

I **WILL** BE HAPPY / I **WILL NOT** BE HAPPY FOR MY CONTACT INFORMATION TO BE GIVEN TO OTHER CLUB MEMBERS.
I **WILL** BE HAPPY / I **WILL NOT** BE HAPPY FOR MY CONTACT DETAILS TO BE GIVEN TO BRITISH CARRIAGEDRIVING.

SIGNATURE _____ DATE _____

.

NEW MEMBERS, PLEASE COMPLETE THIS PAGE IN FULL. EXISTING MEMBERS NEED ONLY COMPLETE THE SECTION ON **HORSE/PONY** DETAILS.

HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

DATE OF VACCINATION:

:

SECOND HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

DATE OF VACCINATION:

3RD HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

DATE OF VACCINATION

4TH HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

DATE OF VACCINATION

NEW APPLICANTS MUST COMPLETE THE FOLLOWING SECTION

NOTE: NEW MEMBERS MUST INCLUDE PHOTO COPIES OF INS/VAC & PASSPORT (RELEVANT PAGES SHOWING NAME & DESCRIPTION ETC)

NB: SUBJECT TO PREVIOUS DRIVING EXPERIENCE, AND IN ORDER TO COMPLY WITH BC TERMS OF INSURANCE, IT WILL BE NECESSARY FOR A YOU TO BE ASSESSED BY A PHC SAFETY ASSESSOR, PRIOR TO YOUR FIRST COMPETITION WITH PHC UNLESS YOU ARE CURRENTLY OR HAVE RECENTLY BEEN A FULL DRIVING MEMBER OF ANOTHER BC AFFILIATED CLUB OR HOLD AN **LHHI** QUALIFICATION.

DESCRIPTION OF TURNOUT:

BRIEF SYNOPSIS OF PREVIOUS DRIVING EXPERIENCE.

NEXT OF KIN DETAILS

NAME OF DRIVER/GROOM		NEXT OF KIN		RELATIONSHIP	CONTACT Tel No:
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME		