



**INDOOR
CARRIAGE DRIVING UK™**
Affiliated to: British Carriagedriving.
MEMBERSHIP FORM

PLEASE JOIN ONLINE IF YOU CAN. IF NOT, PLEASE PRINT CLEARLY IN CAPITALS

NAME: _____ (Mr. Mrs. Miss)

ADDRESS: _____

Town: _____

County: _____

POST CODE: _____ Tel: _____ Mobile: _____

Email address: _____

❖ **JUNIORS to 18 and VETERANS 65+. Please state your date of birth** _____

If renewing you membership please quote ICD UK membership number _____

I am/am not a member of British Carriagedriving. Quote BC membership number please _____

I am a member of the following Harness/Driving Clubs: _____

Type of Membership

(1) Individual = £30 or (2) Family (*Parents + competing children under 18yrs old on 1st Oct*) = £65
(Membership valid until 1st October next year). Full details and join on line at www.indoordriving.co.uk

Enclosed membership fee £..... Please make your cheque payable to: **ICD UK**

I would like to become a member/renew my membership of Indoor Carriage Driving (ICD) and agree to abide by the Rules governing ICD. I/we understand that ICD, British Carriage Driving (BC), BC Affiliated Clubs and the organisers of events run under ICD/BC rules all retain data provided by members and by those entering such competitions, and (2) that such data is used for running, organising and publicising events and future events (including publication of results) and also for the purposes of statistical analysis for the purpose of planning future events and developing the sport of horse driving trials.

JUNIORS ONLY. Condition of membership: Permission is granted for photographs taken of the Junior member above while actually competing to be used by ICD for any publicity purposes.

Junior Parent's consent signature. _____ Date _____

Signed _____ Date _____

Please post with your membership fee to:

ICD UK. Ivy Cottage, Boot Street, Great Bealings, Woodbridge IP13 6PB