



INDOOR CARRIAGE DRIVING UK™

Affiliated to: British Carriagedriving.

MEMBERSHIP FORM 2016 – 2017

(PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

NAME: _____ (Mr. Mrs. Miss)

ADDRESS: _____

Town: _____

County: _____

POST CODE: _____ Tel: _____ Mobile: _____

Email address: _____

❖ **JUNIORS ONLY.** Please state date of birth- _____ and **AGE on 1st October 2016** _____

❖ If 60 years or over please tick box. [] This information is required for qualification purposes only.

If renewing membership please quote ICD UK membership number _____

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

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

Type of Membership

(1) Individual = £30

(2) Family (Parents + competing children 18yrs and under on 1st Oct 2016) = £65

(Membership valid until 1st October 2017)

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 and agree to abide by the Rules governing Indoor Carriage Driving.

JUNIORS ONLY. Condition of membership: Permission is granted for photographs taken of the Junior member above while actually competing may be used by Indoor Carriage Driving UK™ for any publicity reasons.

Junior Parent's consent signature. _____ Date _____

Signed _____ Date _____

Please return with your membership fee to: ICD UK. 15. Hollow Lane, Canterbury, Kent CT1 3SB