



Scottish Carriage Driving Association Ltd

APPLICATION FORM 2010 FOR MEMBERS AND/OR SUPPORTERS

FULL NAME: _____
1st Member/Supporter

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|------------|
| Office use |
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FULL NAME: _____
2nd Member/Supporter at the same address (if applicable)

ADDRESS: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

E-mail: _____ *By giving us your e-mail address, we hope you will agree to receive Newsletters and other communications from SCDA by e-mail. E-mail ensures that you receive messages from us more quickly than paper. E-mail keeps our paper and postage costs down and is more environmentally friendly than paper. (It is also less time-consuming for the Secretary!) Leave this blank if you nevertheless prefer that we communicate with you by post. And please disregard this altogether if you don't have access to e-mail.*

| CATEGORY | ANNUAL SUBSCRIPTION | 1 st <i>Please tick as appropriate</i> | 2 nd | BENEFITS |
|----------------------------|---------------------|--|--------------------------|---|
| Full | £27.00 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Insurance, IB Horseboxes Scottish Points league, voting rights, conference, newsletter</i> |
| Associate | £18.00 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Voting rights, conference, newsletter</i> |
| Junior (aged 10 to 21)* | £15.00 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Same as full members</i> |
| Supporters | £10.00 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Conference, newsletter</i> |

| | | |
|--|--|--|
| BHDTA members, please put your membership number in here | | |
|--|--|--|

**Juniors: aged 10 (from 1st January of the year in which they reach 10), to 21 (to 31st December of the year in which they reach 21).*

"I/we hereby apply to be admitted as an Annual Member/Supporter of Scottish Carriage Driving Association Limited and agree to be bound by its Rules."

Signature _____ Signature _____
1st Member _____ 2nd Member _____

Date _____

Junior Members – please complete below:

Junior's date of birth _____ Signature of parent/guardian _____

Please make cheques payable to SCDA and send them with a completed application form to:
SCDA Secretary, Woodfield, Balmullo, St Andrews, Fife KY16 0AN

DATA PROTECTION: The information given above will be held on a database by the Secretary and used for SCDA administrative purposes only. No information will be passed to third parties. Members may request to have their details changed at any time.