



**BERMUDA EQUESTRIAN
FEDERATION MEMBERSHIP
APPLICATION**

WWW.BEF.BM
membershipbef@gmail.com
CHARITY NO. 214

CONTACT INFORMATION

Name: _____

Address: _____ Parish: _____ Postal Code: _____

Phone #: _____ Email: _____ Secondary Phone #: _____

COMMUNICATIONS: Would you like to receive email communications from the BEF regarding Events, Community Offerings and/or Services related to our local Equestrian Community?

<input type="checkbox"/>	Yes, I would like to receive such email communications	<input type="checkbox"/>	No, I do not wish to receive such email communications
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MEMBERSHIP TYPE: Please refer to www.bef.bm for membership descriptions.

<input type="checkbox"/>	New Membership	<input type="checkbox"/>	Renewal Membership Existing Membership # _____ (# Lookup)
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- Membership runs from 1st September each year and will last until 31st August of the following year
- Members not renewing within 1 calendar month of the membership expiration will automatically be removed from the membership list
- Any member renewing after August 31st will be required to pay the initiation fee of \$30.00

FEES

New Membership - All new membership applications are subject to the initiation fee **except** Junior Competitors.

No initiation fee will apply for Junior Competitors becoming Senior or Family Members.

CHECK THE APPLICABLE MEMBERSHIP	Fee	Selection
Initiation Fee	\$ 30.00	
Senior/Adult Member - Individual persons 19 years or over	\$ 130.00	
Junior Competitor - Under 19 years - No initiation fee	\$ 70.00	
Family Member - All members of a family residing at the same address	\$ 175.00	
Clubs - Properly constituted organizations with equestrian interests	\$ 235.00	
Introductory Member - No Fee - No vote at any level of meetings	NO FEE	
FEI Rider Registration - International Competitors Only CS, CD, CE Etc.	\$ 15.00	
Support the Sport - Donation (Any Amount)		



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JUNIOR COMPETITOR INFORMATION (If applicable)				
	Name	Date of Birth (Date/Month/Year)	Name of Local Coach	Stable
A				
B				
C				
Name of Parents/Guardians				
	Name	Relation	Email	Phone

ADULT COMPETITOR INFORMATION (If applicable)				
	Name	Name of Local Coach	Stable	Indicate either/both Rider - R or Driver - D
A				
B				

PAYMENT INFORMATION: Account #: 20 006 060 519056 100 – BUTTERFIELD BANK
 Forward proof of payment to membershipbef@gmail.com Foreign cheques are not accepted. For Wire Transfers. Bank Fees Are The Responsibility Of The Payee.

All photographs, videos or any images, taken by Bermuda Equestrian Federation (BEF) event or show organizers and/or invited media, of myself or that of my junior dependents that include our images may be used without my further permission or compensation.

By submitting this form, I affirm that all persons listed above will abide by all of the Bermuda Equestrian Federation rules, including the Rules, the Code of Conduct, the Discipline Policy, the Appeals Policy the COVID Policy and the Bye-Laws.

Signature

Printed First & Last Name

Date

UNSIGNED FORMS WILL NOT BE ACCEPTED