

c/o Barbados Olympic Association, Wildey, St Michael Email: <u>equestrian@olympic.org.bb</u>

## NEW MEMBERSHIP FORM 2025

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		on nago 2 of this form)		
(Please add Name, Age and Date-of-Bir				
HOME TEL. NO: WORK TEL. NO:				
E-MAIL:				
		the B.E.A in a timely manner as the preferre		
MEMBERSHIP FEES		<b>HORSE &amp; PONY REGISTRATION FEES</b>	PONY REGISTRATION FEES	
	<u>Fee</u> ✓		<u>Fee</u>	<b>✓</b>
Full Individual Membership (Senior or Jun	ior) \$210.00	1-3 Horses: Fee per Horse/Pony	\$95.00	
Family Membership	\$285.00	4-8 Horses: Fee per Horse/Pony	\$75.00	
		9+ Horses: Fee per Horse/Pony	\$55.00	
(Anyone over 18 years of age must be a Fu	ıll Individual Member)	B.E.A. Passport	\$40.00	
All horses/ponies must also be BEA registered to The Barbados Equestrian Association adheres to These are applicable to all persons involved in I should be diplomatic, non-confrontational and p	o compete in BEA Shows.  o the Code of Conduct ad international Equestrian S polite at all times and duri	opted by the FEI and some of the following are port and we expect you to adhere to this Code ong all circumstances.		
<b>FAIR PLAY</b> : The following are excerpts from the I Solidarity Committee which emphasises.	nternational Olympic Solic	darity Committee Sports Administration Manual fo	ormulated by th	ne Olympic
<ul><li>That everyone be aware that integrity</li><li>Know the rules of the game and play be</li></ul>	• •	esty are still the most important elements of any of the rules.	sport.	
Signature of Applicant		Date		
MEMBER, <i>in good standing</i> , proposing	Signature			
MEMBER, in good standing, seconding	: Name	Signature		
For Official Use Only				
Type of Membership: Amount Paid:				

**FAMILY MEMBERSHIP DETAILS** 

Please provide details of competing members below (PLEASE PRINT):

NAME:		NAME:		
AGE (@ 1 <sup>st</sup> JANUARY 2025):	_	AGE (@ 1 <sup>ST</sup> JANUARY 2025):		
DATE OF BIRTH (DD/MM/YYYY):		DATE OF BIRTH (DD/MM/YYYY):		
NAME:		NAME:		
AGE (@ 1 <sup>ST</sup> JANUARY 2025):		AGE (@ 1 <sup>ST</sup> JANUARY 2025):		
DATE OF BIRTH (DD/MM/YYYY):		DATE OF BIRTH (DD/MM/YYYY):		
RIDING SCHOOL DETAILS Please provide the horses/ponies' names that are being	register	ed under the riding school (PLEASE PRINT):		
RIDING SCHOOL:				
1. NAME:	8.	NAME:		
2. NAME:	9.	NAME:		
3. NAME:	10.	NAME:		
4. NAME:	11.	NAME:		
5. NAME:	12.	NAME:		
6. NAME:	13.	NAME:		
7. NAME:	14.	NAME:		

<u>Note</u>: Members are responsible for having horse Passports up to date with all markings, relevant vaccines, ownership, etc. Horses competing internationally must have a valid official FEI Passport, while horses that compete locally, just need a BEA Passport.

## **Payment Options:**

• Third party transfer to the details below, along with this form and B.O.A Insurance Forms, completed and scanned to <a href="mailto:beatreasurer@gmail.com">beatreasurer@gmail.com</a>:

First Caribbean International Bank (Barbados) Limited Beneficiary Name: Barbados Equestrian Association Beneficiary Account: 76003036

Transit Number: 09616 Branch: Rendezvous (09616) SWIFT Code: FCIBBBBB

This Form and B.O.A Insurance Forms along with Cheques made out to "Barbados Equestrian Association" can be mailed to: The BEA Treasurer, C/O The Barbados Olympic Association, Wildey, St Michael. but please note that the membership will commence on the date received.