



Northern Ireland Carriage Driving Association Ltd

MEMBERSHIP APPLICATION FORM – 2020

Please use ONE form per person, or per family membership

Carriage drivers must carry their own current insurance to drive or compete at NICDA events.

Full Name/s: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

British Carriage Driving membership number & type (for 2019) (if applicable): _____

E-mail: _____ NICDA Competitor Number: (if applicable): _____

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

<u>CATEGORY</u>	<u>ANNUAL SUBSCRIPTION</u>	<u>Tick as appropriate</u>
Full Driving member	£50.00	<input type="checkbox"/>
Family* <i>* Up to 2 adults and 2 children under 18 all living under the same roof, or where children are over 18 years, they are students in full time education.</i>	£70-00	<input type="checkbox"/>
Junior <i>*Junior: a person aged 18 years or under on 1st January 2020</i>	£18-50	<input type="checkbox"/>
Non-Driving Supporter	£10-00	<input type="checkbox"/>
Backstepper	£5-00	<input type="checkbox"/>

"I hereby apply to be admitted in 2020 as an Annual Full Driving Member / Family / Junior / Non Driving Supporter / Backstepper of the Northern Ireland Carriage Driving Association Limited and agree to be bound by its Rules".

Signature of Member: _____ Date: _____

****I hereby agree to abide by the Code of Conduct of NICDA, and have signed it:** **Please tick**

****A Code of Conduct must be signed by every member.**

IMPORTANT - For Junior Members, or under 18's – please complete below:

As the parent / guardian of (insert name of child/ren) _____

I agree / I disagree that NICDA may publish images /photos of my child on the NICDA website or in the press to promote the Club.

Junior's Date of Birth _____ Signature of parent/guardian _____

PAYMENT ARRANGEMENTS :

The Club's preferred method of payment is via PayPal to NICDA2020@yahoo.com with your name and stating membership type, otherwise cheque made payable to "NICDA". Memberships will not be accepted without a completed Membership Form and signed Code of Conduct. Please send your completed Membership Form, Code of Conduct and cheque payment if this applies to:

Mrs Denise Taylor, 64 Ballyrogan Road, Newtownards, BT23 4ST

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