

The Association of Polo Schools & Pony Hirers
C/O Cool Hooves Polo Ltd,
North Street,
Winkfield,
Windsor,
Berkshire.
SL4 4TH



Membership Application

Name of Proprietor: _____

Name of the Establishment: _____

Address of the Establishment: _____

Email: _____ Mobile: _____

Membership Fees:

Please Tick

Annual Fee: £200.00 This payment will be valid for 1 calendar year from the date of payment.

Please Tick the box confirming that you hold the following valid items:

A Riding Establishment Act Licence. Date of issue: _____

Third Party Public Liability Insurance with a limit of indemnity of £5,000,000. and Employers' Liability Insurance. Date of policy coverage: 12 months at: _____

Please enclose a copy of your REA License together with your payment.

Following your successful application you will be listed on our website as being an 'Approved Establishment' and the date of your Riding School License expiry will be shown. You will be able to list your contact details and the services that you offer. If you wish to make an application for membership but do not yet have all the qualifications in place we may still accept your application although you may be recognised as 'Application Pending'. You will only be listed as an approved full member with your contact details once you have met all the required criteria.

Membership Statement:

I hereby agree to abide by the Articles of Association, aims and directives of The Association of Polo Schools and Pony Hirers and accept that in joining this Association I declaring that my establishment is run in accordance with English Law and the Riding Establishments Act 1964 & 1970. I understand that failure to adhere with the Articles and any aims or directives may result in the suspension of my membership. I understand that any advice or information I receive from the Association and its Directors should be checked and verified by myself and any issuing body or organisation concerned.

I understand that my contact and establishment details will only be listed and advertised by the Association on receipt of all relevant documentation and that my details and membership will be suspended or removed should these documents expire and are not renewed during my membership or my membership ceases.

Signed: _____ Date: _____

Print name: _____ Position: _____