

SHOW JUMPING IRELAND

New Member Registration

Discount Claim Form

Date _____



ShowjumpingIreland

Please complete this form and forward to SJI by post, email (accounts @sji.ie) or fax (045852296) Post to SJI, Beech House, Millenium Park, Osberstown, Naas, Co Kildare.

Membership No:	_____	Member Category:	_____
Name	_____	D.O.B	_____
Order No	_____	Tel/Mobile	_____

Membership No:	_____	Member Category:	_____
Name	_____	D.O.B	_____
Order No	_____	Tel/Mobile	_____

Membership No:	_____	Member Category:	_____
Name	_____	D.O.B	_____
Order No	_____	Tel/Mobile	_____

Membership No:	_____	Member Category:	_____
Name	_____	D.O.B	_____
Order No	_____	Tel/Mobile	_____

Name of Animal	_____	Registration No:	_____
Name of Animal	_____	Registration No:	_____
Name of Animal	_____	Registration No:	_____

Name of Animal	_____	Registration No:	_____
Name of Animal	_____	Registration No:	_____
Name of Animal	_____	Registration No:	_____

Please indicate to whom payment should be made

Pay to:	_____
Address:	_____