SQUIRE AND HORSE MEMBERSHIP

MEMBER NUMBER......................

NAME.......................................................................

ADDRESS......................................................................

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POSTCODE......................................................................

TELEPHONE....................................................................

EMAIL..................................................................................PLEASE PRINT CLEARLY

TO JOIN OUR MEMBERS CLUB YOU MUST AGREE TO PHONE AND BOOK IN ADVANCE AND PRODUCE YOUR CARD ON ARRIVAL IN ORDER TO RECIEVE ANY OFFERS.

SIGNATURE..........................................................................

DATE.................................................................

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