



**BERMUDA**  
Equestrian Federation

**BERMUDA EQUESTRIAN  
FEDERATION MEMBERSHIP  
APPLICATION**

[WWW.BEF.BM](http://WWW.BEF.BM)  
[membershipbef@gmail.com](mailto:membershipbef@gmail.com)  
CHARITY NO. 214

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**COMMUNICATIONS:** Would you like to receive email communications from the BEF regarding Events, Community Offerings and/or Services related to our local Equestrian Community?

<input type="checkbox"/>	Yes, I would like to receive such email communications	<input type="checkbox"/>	No, I do not wish to receive such email communications
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**MEMBERSHIP TYPE:** Please refer to [www.bef.bm](http://www.bef.bm) for membership descriptions.

<input type="checkbox"/>	New Membership	<input type="checkbox"/>	Renewal Membership   Existing Membership # _____ ( <a href="#"># Lookup</a> )
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- Membership runs from 1st September each year and will last until 31st August of the following year
- Members not renewing within 1 calendar month of the membership expiration will automatically be removed from the membership list
- Any member renewing after October 1st will be required to pay the initiation fee of \$30.00

**FEES**

CHECK THE APPLICABLE MEMBERSHIP	Fee	Selection
<b>Senior/Adult Member</b> - Individual persons 19 years or over	\$ 130.00	
<b>Junior Competitor</b> - Under 19 years - No initiation fee	\$ 70.00	
<b>Family Member</b> - All members of a family residing at the same address	\$ 175.00	
<b>Clubs</b> - Properly constituted organizations with equestrian interests	\$ 235.00	
<b>Introductory Member</b> - No Fee - No vote at any level of meetings	NO FEE	
<b>FEI Rider Registration</b> - International Competitors Only CS, CD, CE Etc. (This is in addition to the BEF membership fee – Adult or Junior Competitor)	\$ 150.00	
<b>Support the Sport</b> - Donation (Any Amount)		



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JUNIOR COMPETITOR INFORMATION (If applicable)				
Name		Date of Birth (Date/Month/Year)	Name of Local Coach	Stable
A				
B				
C				
Name of Parents/Guardians				
Name		Relation	Email	Phone

ADULT COMPETITOR INFORMATION (If applicable)				
Name		Name of Local Coach	Stable	Indicate either/both Rider - R or Driver - D
A				
B				

**PAYMENT INFORMATION:** Account #: 20 006 060 519056 100 – BUTTERFIELD BANK  
Forward proof of payment to [membershipbef@gmail.com](mailto:membershipbef@gmail.com) Foreign cheques are not accepted. For Wire Transfers. Bank Fees Are The Responsibility Of The Payee.

All photographs, videos or any images, taken by Bermuda Equestrian Federation (BEF) event or show organizers and/or invited media, of myself or that of my junior dependents that include our images may be used without my further permission or compensation.

By submitting this form, I affirm that all persons listed above will abide by all of the Bermuda Equestrian Federation rules, including the Rules, the Code of Conduct, the Discipline Policy, the Appeals Policy, the COVID Policy and the Bye-Laws.

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Signature

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Printed First & Last Name

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Date

*UNSIGNED FORMS WILL NOT BE ACCEPTED*