



SEWAD – www.sewad.org.uk

Application for **RIDER** Associate Membership

(Please print all details. It is important that your email is legible)

Name (Mr/Mrs/Ms/Miss) _____

Address _____

Contact Details: Home Tel _____ Mobile _____

Email: _____

Years of riding: _____

Please enclose the **Rider Associate Membership Fee of £20
(made payable to Cardiff RoADA)**

Signed: _____

Please send to: The Secretary, SEWAD c/o RoSPA, 2 Cwrt-y-Parc, Parc Ty Glas,
Llanishen, Cardiff CF14 5GH

Your name and address will be retained under the terms of the Data Protection Act

For Office Use Only

Date Received _____

Allocated Tutor _____

Date allocated _____