

Uttar Pradesh State Equestrian Association Membership Form

1.	Name		:		_	Photo	
2.	Age		:	Sex :			
3.	Occup	ation	:		_		
4.	Addres	SS	:				
5.	Phone	No	:	Mobile No:	Fax	No:	
6.	E-mail	ail ID :					
7.	INTEREST IN EQUITATION						
	(a)	Own h	orses	Yes/No			
	(b)	Where	stabled				
	(b)	Active	rider	Yes/No State discipling	ne.		
	(c)	Interest in Judging/Course Designing/Training/Learning.					
	(d)	State	discipline.				
8.	3. Give brief resume.						
Date	:						
Place	:			Signature:_			



This is to certify that I personally am approving the name of Mr/Mrs/Ms for membership of Equestrian Association of Uttar Pradesh (EAUP).							
SPO	NSORED BY						
1. Name	2. Name						
UPSEA No	UPSEA No						
Signature	Signature						
For Of	ficial Use Only						
Approved By:							
Signature Secretary General,	Signature President						
UPSEA	UPSEA						



Fee Structure:

Individual Life Membership : INR 25,000

Individual Membership : INR 1000 (Yearly)

School/Institution Membership : INR 3000 (Yearly)

Unit/ Club Membership : INR 3000 (Yearly)

One Time Registration : INR 3000

Horse Registration : INR 1000 (One Time)

INR 500 (if Horse has EFI Passport)

District Association Membership : INR 1000 (Yearly)