

FLORABAMA CHAPTER OF DSDCTA

Application for Membership

DSDCTA is a Group Member Organization of USDF. Supporting members receive USDF group membership (including a USDF GMO number that can be used when competing in recognized shows), USDF *Connection* monthly magazine, can compete for DSDCTA year-end awards and are eligible to vote. Additional family members can compete for DSDCTA year-end awards and are eligible to vote (if age 18 or older). Additional family members are not eligible for USDF membership. Junior members (under age 18) can compete for DSDCTA year-end awards. Junior members are not eligible for USDF group membership and hold no vote.

Name _____

Type of Membership (circle one) Supporting Junior Associate
 Primary Area of Interest circle one) Dressage Combined Training

Address: _____

Home phone: _____ Work phone _____

Cell phone: _____

E-mail address: _____

Date of birth (Junior riders): _____

USDF Membership # if available: _____

For family memberships, give name of each additional member:

Name: _____ Date of birth (Junior rider): _____

Name: _____ Date of birth (Junior rider): _____

ANNUAL DUES

\$40 Supporting
 (includes USDF
 monthly Magazine
 & USDF number)
 \$30 Junior
 \$25 Additional
 family member
 \$10 Associate (no
 USDF number)

**Membership
 Year**
 Dec 1 – Nov 30

USDF Buy-a-Brick Campaign

DSDCTA is raising money to be able to participate in USDF's capital campaign. See our website DSDCTA.org for complete details. Florabama is asking its members to make a contribution so that we can buy a brick at USDF's new headquarters at the Kentucky Horse Park.

Please accept my donation of \$5___ \$10___ \$25___ Other \$_____ in addition to my regular dues of \$_____.

Release:

I hereby release Florabama Chapter of DSDCTA, its officers, members, employees, volunteers, and agents from any liability and all claims of every kind including costs, expenses, or attorney's fees that might result from damages, injuries, or losses to my person or property during or in connection with any show, clinic, event or function, whether or not such damages, injuries or losses result directly or indirectly from the negligent act or omissions of the officers, members, employees, volunteers or agents of Florabama Chapter of DSDCTA.

Signatures:

Applicant: _____ Date: _____

Additional Family Members:

(Parent or guardian must sign for any minors)

Make check payable to:
 Florabama Chapter of
 DSDCTA

**Mail signed membership
 form to:**
Kathi Wright
2135 Change Rd
Molino, FL 32577