

# 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): \_\_\_\_\_

### 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)

#### 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

**Make check payable to:**  
Florabama Chapter of  
DSDCTA

**Mail signed membership  
form to:**  
**Nancy Robertson**  
**21379 Shady Grove Lane**  
**Fairhope, AL 36532**