



DEC. 1, 2013-NOV. 30, 2014 MEMBERSHIP APPLICATION

DSDCTA (Deep South Dressage and Combined Training Association) is a Group Member Organization of United States Dressage Federation (USDF). Supporting members receive USDF group membership (not participating membership) including a USDF GMO number that can be used in recognized shows, USDF *Connection* monthly magazine, can compete for DSDCTA and Florabama year-end awards, and are eligible to vote. Additional family members receive USDF group membership, can compete for DSDCTA and Florabama year-end awards, and are eligible to vote. Associate members can participate in all Florabama activities except the year-end awards program. They cannot vote and are not members of USDF or DSDCTA. Florabama DUES deadline is October 30, 2013.

PLEASE PRINT LEGIBLY AND COMPLETE EVERY BLANK, IF POSSIBLE & APPLICABLE.

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home (____) _____ Cell (____) _____ Alt (____) _____

E-mail address: _____

USDF#: _____ USEF#: _____ Type membership: _____

Status: (Adult Amateur, Open, Junior): _____ DOB Jr. rider: _____

For ***Family Memberships (one Supporting member & \$25.00 for each additional family member)***, give name of each additional member:

Name: _____ Date of birth (Jr. rider): _____

Name: _____ Date of birth (Jr. rider): _____

Stables _____ Horse(s) _____

Associate Member Primary Chapter: _____

ANNUAL DUES

\$40 Supporting -includes USDF # and USDF Connection.

\$25 Additional for each family member- includes USDF #

\$25 Associate- only if already a primary member of another DSDCTA Chapter.

Are you interested in Volunteering and/or serving on a Committee? Yes ____ No ____ Show

Manager: ____ Scribe: ____ Scoring: ____ Runner: ____ Steward: ____

Awards: ____ ShSecretary: ____ Meetings/Clinics: ____ Membership: ____ Jr. Riders ____ Jump Crew: ____

Make check payable to: Florabama Chapter of DSDCTA

Mail signed membership form to:

Tashina Hadley, 5519 Joggers Lane Pace, FL 32583

941-730-9150, 251-368-1585

basiliorhf@gmail.com



Hold Harmless and Waiver/ Release of Liability

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: _____

Parent Signature:: _____ Date: _____

Additional Family Members: _____

(Parent or guardian must sign for minors)

Emergency Contact: _____ Phone Number: _____