



## First Coast Chapter DSDCTA

### MEMBERSHIP APPLICATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

#### **HORSE INTERESTS:**

- ☐ Dressage Clinics
- ☐ Shows
- ☐ Driving Clinics
- ☐ Trail Riding
- ☐ Farm/Pasture Management
- ☐ Equine Nutrition
- ☐ Emergency Care
- ☐ Other, Please Specify \_\_\_\_\_

Number of horses owned \_\_\_\_\_ Leased \_\_\_\_\_

Breeds \_\_\_\_\_

#### **CLUB INTERESTS:**

- ☐ Volunteering
- ☐ Clinic/show manager
- ☐ Officer
- ☐ Social
- ☐ Marketing/Networking
- ☐ Travel
- ☐ Newsletter
- ☐ Web Site

*Membership in FC Chapter of DSDCTA is \$37, and mailed to:*

*Florence Hill  
3076 Jane Lane  
Hilliard, Florida 32046.*

*Membership is due November 1, to allow transfer to HMO. Dues entitles a member to participatory membership of USDF, to receive quarterly issues of Tempo and to serve as an officer both in our chapter and on the DSDCTA Board .*