



MEMBERSHIP APPLICATION

NAME: _____

Current USDF ID number: _____ (if new member, USDF will assign one)

ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

Best time to call: _____ Email address: _____

HORSE'S NAME (if applicable) _____ AGE: _____

BREED: _____ LEVEL: _____

PLACE OF STABLING: _____

TYPE OF MEMBERSHIP: _____

JOB RESPONSIBILITY (Preference to working members only): _____

SIGNED: _____ DATE: _____

Make check payable to "**DSDCTA – Horse Country Chapter**" and mail to: Barbara Petti
6800 SW 66th St
Ocala, FL 34476

HORSE INTERESTS:

- ☐ Dressage Clinics
- ☐ Shows
- ☐ Driving Clinics
- ☐ Trail Riding
- ☐ Farm/Pasture Management
- ☐ Equine Nutrition
- ☐ Emergency Care
- ☐ Other, Please Specify (on back)

CLUB INTERESTS:

- ☐ Volunteering
- ☐ Clinic/Show manager
- ☐ Officer
- ☐ Social
- ☐ Marketing/Networking
- ☐ Travel
- ☐ Newsletter
- ☐ Website

Number of Horses Owned: _____ Leased: _____ Breed: _____

Memberships are due October 15th of each year. Dues entitles a member to a Group Membership in subscriptions to: USDF, USDF Discounts, local retail discounts and all Chapter shows and events.