



MEMBERSHIP APPLICATION

\$45.00 (Dec. 1 to Nov. 30th 2016)

REFERRED BY: _____

NAME: _____

CURRENT USDF ID NUMBER: _____ (if new member, USDF will assign one)

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

BEST TIME TO CALL _____ EMAIL ADDRESS _____

HORSE'S NAME (if applicable) _____ LEVEL _____

PLACE OF STABLING _____

SIGNATURE _____ DATE _____

Make checks payable to "DSDCTA – Horse Country Chapter"

Mail check and application to: 4575 SW 44th Court, Ocala, Fl. 34474

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

HORSE INTERESTS

- DRESSAGE CLINICS
- SHOWS
- DRIVING CLINICS
- TRAIL RIDING
- FARM/PASTURE MANAGEMENT
- EQUINE NUTRITION
- EMERGENCY CARE
- OTHER: PLEASE SPECIFY _____

CLUB INTERESTS

- VOLUNTEERING
- CLINIC/SHOW MANAGER
- OFFICER
- SOCIAL
- MARKETING/NETWORKING
- TRAVEL
- NEWSLETTER
- WEBSITES

Number of horses: Owned _____ Leased _____ Breed _____

For more information contact Bobbi Bulger (352)208-8330 or rbulg@hotmail.com