



MEMBERSHIP APPLICATION

Suwannee Valley Chapter

Deep South Dressage and Combined Training Association

This organization is a Chapter of a USDF Group member organization and this organization's members are automatically USDF Group Members.

This is a **New** (initial) _____ or a **Renewal Application** _____ (Membership # _____)

Name: _____

Address: _____ Bldg./Apt _____

City: _____ State: _____ ZipCode+4: _____

Home Phone: _____ Work: _____ Ext.: _____ Cell: _____

Email address: _____ Social Security No: _____

Occupation: _____

I apply for membership in the Suwannee Valley Chapter and agree to be bound by the Constitution and By-Laws, and rules, regulations, decisions and motions lawfully adopted under said Constitution and By-Laws of the Association.

Date: _____ Signature: _____

(If you are under the age of eighteen years, the application must be signed by you and your parent/guardian)

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Membership Dues:

Supporting - \$35

Additional Members Names: _____

Birth Dates: _____

HORSE DATA	Name: _____ MM/DD/YYYY
	Breed: _____ Date of Coggins: _____
	Age: _____ Sex: _____ Height: _____ Color: _____
(Please list all horses owned – use another sheet of paper if needed, a date for the Coggins must be entered.)	

MEMBERSHIP QUESTIONNAIRE (Check all that Apply)

I can help SVCDCTA by:

Working Shows	Hosting Meetings	Doing N/Working Clines
Doing Word Processing	Other:	

Send to: Ruthanne Faine-Gardner Joint Venture Farm 10671 N. SR. 53 Madison, FL 32340	OFFICE USE ONLY Date Dues Paid: _____ Date Posted: _____ Date on Check: _____ Check# _____ Amount Paid: _____ Cash: _____
Make all checks payable to: Suwannee Valley Chapter of DSDCTA	Initials: _____