



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 - \$40

Additional Members Names: \_\_\_\_\_

Birth Dates: \_\_\_\_\_

<b>HORSE DATA</b>	<b>Name:</b> _____ <b>MM/DD/YYYY</b>
	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 \_\_\_\_\_ Working Clinics \_\_\_\_\_  
Facebook \_\_\_\_\_ Website \_\_\_\_\_ 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: \_\_\_\_\_