# SWFDA Membership Application

This organization is a USDF Group Member Organization SWFDA members are automatically USDF Group Members

# Membership year runs from Oct. 1, 2021 - Sept. 30, 2022

Forms & payment can be mailed to the address below OR paid via Venmo @swfda with forms emailed to [volsandcubs@yahoo.com](mailto:volsandcubs@yahoo.com)

Please type or **print neatly** so your information can be correctly entered into our membership database. \***YES you can join or renew after this date, but in order to enjoy a full year of SWFDA and USDF benefits as a GMO member, your membership should be in place by December 1, 2021.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Phone Number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: (*Required by USDF*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USDF# (*if you have one)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Membership Type (Check One)\_\_\_\_ NEW \_\_\_\_RENEWAL**

**Membership** Year is **October 1, 2021 to September 30, 2022** Primary$55.00

**Add Family Member(s),** *must complete attachment for Added Family Member(s)* $20.00 (**each**)

**MAKE CHECK PAYABLE TO SWFDA and mail to:** Susan Cox

8691 Kilkenny Court

OR pay via Venmo @swfda & email forms to Ft. Myers, FL 33912

[volsandcubs@yahoo.com](mailto:volsandcubs@yahoo.com)

**Please initial the following:**



I have read and understand the requirements to be eligible for Year End Awards including submitting the Declaration for Awards & payment/commitment to volunteer before earning any scores.



How did you hear about us? If you were referred by a friend or member, please let us know the name.

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**SWFDA Membership Benefits:**

\*\*SWFDA monthly meetings

\*\*Educational events

\*\*Awards programs

\*\*Clinics

\*\*Show volunteer training

\*\*Networking opportunities

\*\*Horse shows with preparation for Recognized shows. “r”, “R”, and “S” level judges. "L"

candidates may be used.

\*\*One time per person per season show cancellation credit to use for another show provided you cancel by the Tuesday before the show date.

## \*\*USDF GMO Membership:

\*Subscription to USDF Connection, USDF’s monthly magazine

\*Yearbook issue of USDF Connection

\*USDF Group Member Card and eligibility to compete at USDF recognized shows

\*Eligibility to participate in Rider Award programs

\*Eligibility to earn USDF University Credits

\*Member discount rates for USDF events

\*And much more, see www.swfda.org or [www.USDF.org](http://www.usdf.org/) for full information

## ADDED FAMILY MEMBERS INFORMATION FORM

(***Please make additional copies if needed***)

Name:

Address:

City: State: Zip:

Phone:Home: Work: Cell:

Email:

Date of Birth: (***Required by USDF****)*USDF**#**: ***(if you have one)***

Name:

Address:

City: State: Zip:

Phone:Home: Work: Cell:

Email:

Date of Birth: (***Required by USDF****)*USDF**#**: ***(if you have one)***

Name:

Address:

City: State: Zip:

Phone:Home: Work: Cell:

Email:

Date of Birth: (***Required by USDF****)*USDF**#**: ***(if you have one)***