



## Crossroads Dressage and Combined Training Society 2018 Membership Application



GROUP  
MEMBER  
ORGANIZATION

CDCTS membership year is 1 Dec 2017-30 Nov 2018. After 1 Dec, the effective date of membership begins the day the form and correct dues reach the CDCTS Secretary at the address below. CDCTS is a USDF GMO and its members are automatically USDF Group Members. For Participating Membership, members must apply directly to USDF. \$20.00 of your membership fee goes directly to USDF for your Group Membership. Electronic copies of CDCTS applications will be held until funds are received.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ USDF#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_ (required by USDF for all riders under 21 years of age, and requested for those over 21 years old to assist in limiting doubled entries at USDF)

I would like to Join: \_\_\_\_ /Renew: \_\_\_\_ Crossroads Dressage and Combined training Society for the membership year 1 December 2017—30 November 2018 in the following category:

- a. Charter Member (Founding member of the club whose membership has not lapsed) \_\_\_\_\_ X \$23.00 \_\_\_\_\_
- b. Adult Member (Over 21 years old as of January 1, 2018) \_\_\_\_\_ X \$52.00 \_\_\_\_\_
- c. Junior/Young Rider Member (21 years old or younger as of January 1, 2018) \_\_\_\_\_ X \$28.00 \_\_\_\_\_
- d. Family Membership (\$52 Primary Member + \$13.00 per each additional member) \_\_\_\_\_ X \$52.00 \_\_\_\_\_  
\_\_\_\_\_ X \$13.00 \_\_\_\_\_  
Total: \_\_\_\_\_

List the Additional Family Members below:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I would like to volunteer to support the club in the following areas:

Horse shows: \_\_\_\_ Scribe, \_\_\_\_ Scorer, \_\_\_\_ Runner, \_\_\_\_ Ring Steward, \_\_\_\_ Concessions, \_\_\_\_ Set up and Tear Down, \_\_\_\_ Hospitality

Other: \_\_\_\_ Phone Contacts, \_\_\_\_ Committees, \_\_\_\_ Board Member, \_\_\_\_ Write for Newsletter, \_\_\_\_ Publish newsletter, \_\_\_\_ Website, \_\_\_\_ Sell Advertising, OTHER: \_\_\_\_\_

Please make your check payable to CDCTS and return to: Carol Mitchell, CDCTS Secretary 1909 Hidden Meadow Dr Knoxville, TN 37922

OR

Pay via credit/debit card with paypal on CDCTS.org &  
send application via email to: [contact@cdcts.org](mailto:contact@cdcts.org)

Office action: Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_