



# Crossroads Dressage and Combined Training Society

## 2019 Membership Application



GROUP  
MEMBER  
ORGANIZATION

CDCTS membership year is 1 Dec 2018-30 Nov 2019. 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 2018—30 November 2019 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, 2019)

**Early Bird Special in effect until Nov 15, 2018 PRICE REDUCED TO \$47 per adult member** \_\_\_\_ X \$52.00 \_\_\_\_

c. Junior/Young Rider Member (21 years old or younger as of January 1, 2019) \_\_\_\_ 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

Office action: Date Received: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_