



**Crossroads Dressage and Combined Training Society  
2025 Professional or Business Application**



CDCTS membership year is 1 December 2024-30 Nov 2025. After 1 December, 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. For Participating Membership, members must apply directly to USDF. Professional/Business membership dues are determined annually by the board. For 2024, there is no fee to become a Professional/Business Member of CDCTS.

**Primary Contact:** First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

**Business Name** (if applicable): \_\_\_\_\_

**Mailing or Street Address:** \_\_\_\_\_

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

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

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

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I would like to Join: \_\_\_\_ /Renew: \_\_\_\_ Crossroads Dressage and Combined Training Society for the membership year 1 December 2024 - 30 November 2025 as a **Professional or Business Member (please select one)**

a. I/we wish to provide a lecture or training series with the following details:

b. I/we wish to sponsor a class in a CDCTS Schooling Show for the following amount \_\_\_\_\_ or with the following goods and/or services \_\_\_\_\_. *Please select Spring or Fall Show or both.*

c. I/we wish to sponsor a \_\_\_\_\_ (trophy, ribbons, neck sashes, etc) in a schooling show. *Please select Spring or Fall Show or both.*

d. I/we wish to sponsor a year end award. Please specify which award and amount.

e. I/we wish to support the club in another manner. Please specify below:

Please fill your form out and mail it to:

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Kacy Schnake, CDCTS Treasurer  
324 El Jon Lane  
Kingston, TN 37763

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