



Crossroads Dressage and Combined Training Society 2025 Membership Application



CDCTS membership year is 1 December 2024-30 November 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 and its members are automatically USDF Group Members. For Participating Membership, members must apply directly to USDF. \$24.00 of your primary GMO 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 2024—30 November 2025 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, 2024) ____ X \$52.00 _____

c. Junior/Young Rider Member (21 years old or younger as of January 1, 2024) ____ X \$28.00 _____

d. Family Membership (\$52 Primary Member + \$13.00 per each additional member) ____ X \$52.00 _____

____ X \$13.00 _____

e. Early Bird Discount (Payment before November 1, 2024) **deduct \$5.00** - \$5.00 _____

ARE YOU PAYING WITH PAYPAL? (cdctsortg@gmail.com)

IF YES, ADD \$2.00 _____

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:

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

Office action:

Date Received: _____

Check #: _____

Amount: _____