Crossroads Dressage and Combined Training Society

2020 Membership Application

GROUP MEMBER ORGANIZATION

CDCTS membership year is 1 Dec 2019-30 Nov 2020. 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. $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 2019—30 November 2020 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, 2020)
_____X $52.00 _____
c. Junior/Young Rider Member (21 years old or younger as of January 1, 2020) _____X $28.00 _____

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

ARE YOU PAYING WITH PAYPAL? 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:

Carol Mitchell, CDCTS Secretary
1909 Hidden Meadow Dr
Knoxville, TN 37922

Office action: Date Received: _____
Check #: _____
Amount: _____