



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:

Marge Williams, CDCTS Secretary
626 Stratford Avenue
Sweetwater, TN 37874

Office action: Date Received: _____

Check #: _____

Amount: _____