



## Crossroads Dressage and Combined Training Society 2020 Professional/Business 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. For Participating Membership, members must apply directly to USDF.

Professional/Business membership dues are determined annually by the board. For 2019, 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 2019—30 November 2020 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:

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Please fill your form out and mail it to:

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

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