



Crossroads Dressage and Combined Training Society 2026 Membership Application



CDCTS membership year is 1 December 2025-30 November 2026. 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 2025—30 November 2026 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, 2025) ____ X \$52.00 ____
c. Junior/Young Rider Member (21 years old or younger as of January 1, 2025) ____ 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, 2025) **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: _____