



SDCTA MEMBERSHIP APPLICATION

Suncoast Dressage & Combined Training Association, a not-for-profit organization sponsoring dressage shows, clinics, and seminars under the rules of USEF & USDF, is designed to further the sport of dressage in the Tampa Bay area. Newsletters inform members of upcoming events and related activities. SDCTA is a USDF Group Member Organization (GMO) and members receive a United States Dressage Federation group membership. For more information, visit us on the web at www.SDCTA.com

For Year _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal

NOTE: Beginning in 2006, the SDCTA membership year is September 1 through August 31

NAME:		USDF #	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
HOME PHONE:		EMAIL ADDRESS:	
BUSINESS / MOBILE PHONE:		Birthdate (if under 21)	
<i>Types of Memberships Available (check one):</i>			
<input type="checkbox"/>	JUNIOR (\$30.00) (\$25 if renewing prior to 9/30)	SDCTA membership for one person under 18 years of age - entitles member to newsletter, one vote in club elections (if over 14), yearly award privileges, and one USDF group membership.	\$
<input type="checkbox"/>	INDIVIDUAL (\$35.00) (\$30 if renewing prior to 9/30)	SDCTA membership for one person 18 or over - entitles member to newsletter, one vote in club elections, yearly award privileges, and one USDF group membership.	\$
<input type="checkbox"/>	FAMILY (\$40.00) (\$35 if renewing prior to 9/30)	Membership for two or more persons of the same household - entitles family to one newsletter , two votes in club elections (if over 14 YO), yearly award privileges, and 1 USDF group membership. PLEASE list the member to receive the USDF membership as the primary name (i.e. the first line on the membership form).	\$
<i>List additional family members here. Add \$20.00 for each member who will also receive a USDF membership:</i>			
NAME		Birthdate (if JR/YR)	\$
NAME		Birthdate (if JR/YR)	\$
NAME		Birthdate (if JR/YR)	\$
TOTAL ENCLOSED:			\$

Make checks payable to SDCTA and mail to: Wendy Whitworth, 7339 Gall Blvd. PMB 210, Zephyrhills, FL 33541

I agree to abide by the constitution and by-laws, the rules of the Suncoast Dressage and Combined Training Association and the United States Dressage Federation.

Applicant's Signature (or parent if under 18 years of age)

I was referred to SDCTA by the following current SDCTA member _____

For SDCTA Office Use:			
Date Received: _____	Amount Received: _____	Ck#: _____	Received By: _____

SDCTA MEMBER PROFILE

Date: _____

NAME: _____

Home/Mobile Phone #: _____

Occupation (employer): _____

If you are a student, where do you attend; what are you studying? _____

How long have you been riding? _____

Do you own/lease a horse(s)? _____

If so, please tell us about your horse(s):

What other hobbies/interests do you have?

Is there anything else you wish to share with us?

Suggestions to help SDCTA help you reach your riding goals:

To which club activities are you interested in volunteering your time?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Clinics | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Officer/Board Member |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Other (<i>please specify</i>) _____ | |