Virginia Dressage Association, Charlottesville Chapter

2010 MEMBERSHIP FORM

VADA is a USDF Group Membership Organization and all members are automatically USDF Group Members

Name: _____ +

Address: _____ +

City, State, Zip: _____ +

I join VADA-CH in their activities and programs totally at my own risk. I understand that neither VADA, its chapters, nor individual Board members (of the chapter or VADA) accept responsibility for accidents, damage, injury, or illness to horses, riders, owners, spectators, or any persons or property.

Signature(s):

_____ + _____ +

_____ + _____ +

Home Phone: _____ Facsimile No.: _____ +

Work Phone: _____ E-Mail Address: _____ +

DO YOU WANT EMAIL OR PAPER NEWSLETTER? PLEASE CONSIDER GOING GREEN WITH EMAIL VERSION!
CIRCLE ONE: EMAIL PAPER IF YOU DON'T YOU GET EMAIL! (unless you don't have email)

Membership Type (check one): Renewal _____ New _____ +

_____ Senior $ 45 (Over 18) _____ Family (2) $ 55

_____ Junior $ 40 (18 years and younger) _____ Family (3) $ 65

_____ Family (4) $ 75

_____ Affiliate $ 20 (A person who belongs to another chapter and wishes to be affiliated with VADA-CH. Please indicate your Primary Chapter - _____ +)

Additional Family Names (Please indicate if any of the additional members are juniors): _____ +

USDF No(s). (**Required by USDF**): _____ +

.

PLEASE BE SURE TO PROVIDE ALL INFORMATION SO WE CAN GIVE ACCURATE DATA TO USDF

Volunteer Information

Please indicate your areas of interest:

___ Show Secretary ___ Show Scoring ___ Newsletter
___ Show Manager ___ Show Program ___ Awards
___ Show Scribe ___ Show Runner ___ Clinics
___ Other: Please describe: _____ +

Membership runs from December 1 through November 30, 2010
Please complete this form and mail it with a check payable to VADA-CH to:

Sherri L. Booye 721 Lake Road Troy, VA 22974