

# Virginia Dressage Association, Charlottesville Chapter

## 2011 MEMBERSHIP FORM

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

Name: \_\_\_\_\_ (First, MI, Last) +

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 THE EMAIL VERSION!**

**CIRCLE ONE:      EMAIL                      PAPER      IF YOU DON'T SAY PAPER YOU GET EMAIL! (unless you don't have email)**

Membership Type (check one):      Renewal \_\_\_\_\_      New \_\_\_\_\_ +

\_\_\_\_\_ Senior      \$ 48 (Over 18)                      \_\_\_\_\_ Family (2)      \$ 60

\_\_\_\_\_ Junior      \$ 43 (18 years and younger)                      \_\_\_\_\_ Family (3)      \$ 70

**Jr: Date of Birth:** \_\_\_\_\_                      \_\_\_\_\_ Family (4)      \$ 80

\_\_\_\_\_ 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 family 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.  
Please complete this form and mail it with a check payable to VADA-CH to:

**Carter Bass 1715 Merriefields Lane, Ruckersville, VA 22968**