

Virginia Dressage Association, Charlottesville Chapter

MEMBERSHIP FORM

Membership runs from December 1 through November 30

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

SIGNUP BEFORE JANUARY 1st AND RECEIVE A \$5 DISCOUNT ON A JUNIOR OR SENIOR MEMBERSHIP

Please complete this form and mail it with a check payable to VADA-CH to: Sherri Booye, 721 Lake Road, Troy, VA 22974

MEMBER INFORMATION

Name: _____
First - Middle - Last

Address: _____

City: _____

State, Zip: _____

Cell Phone: _____

Home Phone: _____

E-Mail Address: _____

Work Phone: _____

Membership Type (check one):
 Renewal New

SELECT A MEMBERSHIP

TYPE	DESCRIPTION	EACH	FEE	TOTAL
<u>FEE...</u>				
Senior	(Over 18)		\$50	_____
Junior	(18 and Younger) Date of Birth: _____		\$45	_____
Family	(2 Members)		\$60	_____
Family	(3 Members)		\$80	_____
Family	(Each Additional Family Member) _____ x <small>(Family can include a farm's working student)</small>		\$26	_____
Group	1 st Group Member		\$50	_____
	Each Additional Member _____ x <small>(5 or more- Schools, 4-H, Pony Club, etc.)</small>		\$26	_____
Affiliate	Primary Chapter: _____ <small>(A person who belongs to another chapter and wishes to be affiliated with VADA-CH)</small>		\$20	_____
Early Bird Discount	Senior or Junior Membership Paid before January 1, 2016		\$ 5 --	_____

SIGNATURES

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. **REMEMBER TO SIGN AND GIVE US YOUR USDF NUMBER BELOW!**

SIGNATURES AND ADDITIONAL NAMES: Please indicate birthdates of juniors and provide USDF No(s) *required by USDF.*

Print Name:	Junior's DOB:	USDF No:	Signature:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER

Volunteer Information: Please indicate your areas of interest.

<input type="checkbox"/> Show Manager	<input type="checkbox"/> Show Program	<input type="checkbox"/> Clinics
<input type="checkbox"/> Show Secretary	<input type="checkbox"/> Show Runner	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Show Scribe	<input type="checkbox"/> Awards	<input type="checkbox"/> Board Member/Officer
<input type="checkbox"/> Show Scoring	<input type="checkbox"/> Other: Please describe _____	

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