



## 2020 MEMBERSHIP APPLICATION

A REGION 9 GROUP MEMBER ORGANIZATION OF THE UNITED STATES DRESSAGE FEDERATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ USDF # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

### MEMBERSHIP TYPE:

☐ ADULT (\$45 Annually) AMATEUR \_\_\_\_\_ VINTAGE \_\_\_\_\_ OPEN \_\_\_\_\_

☐ JUNIOR-UNDER 18 (\$35 Annually)

☐ FAMILY-UP TO 2 MEMBERS (\$55 Annually)

NAME OF SECOND MEMBER \_\_\_\_\_

☐ OPTIONAL DONATION TO CPDS \$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED or \$ \_\_\_\_\_ PAYPAL PAYMENT

### MEMBER ACCOMPLISHMENTS

PLEASE LET US KNOW ABOUT YOUR USDF/USEF ACHIEVMENTS SUCH AS MEDALS, JUDGING CERTIFICATES OR BREEDING ACCOMPLISHMENTS

**WOULD YOU LIKE TO VOLUNTEER? Yes\_\_ NO\_\_**

I AGREE TO RELEASE THE CENTRAL PLAINS DRESSAGE SOCIETY, ITS OFFICERS, MEMBERS, EMPLOYEES AND AGENTS FROM ANY LIABILITY AND ALL CLAIMS OF ANY KIND THAT MIGHT RESULT FROM DAMAGES, INJURIES, OR LOSSES RESULTING DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OF OMISSIONS OF THE OFFICERS, MEMBERS, EMPLOYEES OR AGENTS OF THE CENTRAL PLAINS DRESSAGE SOCIETY. I HEREBY AGREE AND SIGN BELOW:

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

\*If Applicant is under 18 Years of Age, Signature of Parent or Appointed Guardian

Please make checks payable to CPDS and mail to Christina Harmon at P.O. Box 33231, Tulsa, OK 74153.

☐ I would like to receive newsletters and updates via email using the email address listed above.

☐ I agree to allow photos taken at Central Plains Dressage events to be included on Central Plains Dressage websites or publications.