



### 2024 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 \_\_\_\_\_

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#### MEMBERSHIP TYPE:

ADULT (\$50 Annually) AMATEUR \_\_\_\_\_ VINTAGE \_\_\_\_\_ OPEN \_\_\_\_\_

JUNIOR-UNDER 18 (\$35 Annually)

FAMILY-UP TO 2 MEMBERS (\$65 Annually)

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

\$15 FOR EACH ADDITIONAL FAMILY MEMBER OVER TWO

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 SCAN AND EMAIL MEMBERSHIPS TO: <mailto:gtgray@aol.com>

TO PAY VIA CASH/CHECK. PLEASE EMAIL <mailto:gtgray@aol.com>

I would like to receive newsblasts and updates via email using the email address listed

I grant permission to the Central Plains Dressage Society to use photographs from shows, clinics or events for promotional purposes including but not limited to social media and printed publications. Credit will be noted.