

CENTRAL PLAINS DRESSAGE

2025 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 (\$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.