



SDCTA MEMBERSHIP APPLICATION

Suncoast Dressage & Combined Training Association, a not-for-profit organization sponsoring dressage shows, clinics, and seminars designed to further the sport of dressage in the Tampa Bay area. The newsletter informs members of upcoming events and related activities. SDCTA is a USDF Group Member Organization (GMO) and all members are automatically USDF group members (GMs). For USDF Participating Membership, members must apply directly to USDF. For more information about SDCTA, visit us on the web at www.SDCTA.com

*****NOTE: The SDCTA membership year is September 1 through August 31*****

| | |
|------------------|----------|
| Application Year | 20__ |
| New Member? | Renewal? |

| | | |
|---|----------------|-----------|
| NAME (Primary Member): | | USDF # |
| NAME (Supporting Member if applicable): | | USDF # |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| HOME PHONE: | EMAIL ADDRESS: | |
| BUSINESS / MOBILE PHONE: | Birthdate | |

Types of Memberships Available (check one):

| | | | |
|---|---|----------------------|----|
| <input type="checkbox"/> <p>JUNIOR – \$45.00 <i>(\$40 if renewing prior to 9/30)</i></p> | SDCTA membership for one person under 18 years of age - entitles member to newsletter, one vote in club elections (if over 14), yearly award privileges, and one USDF group membership. | \$ | |
| <input type="checkbox"/> <p>INDIVIDUAL - \$55.00 <i>(\$50 if renewing prior to 9/30)</i></p> | SDCTA membership for one person 18 or over - entitles member to newsletter, one vote in club elections, yearly award privileges, and one USDF group membership. | \$ | |
| <input type="checkbox"/> <p>FAMILY - \$65.00 <i>(\$60 if renewing prior to 9/30 of the membership year. One primary member and one supporting member)</i></p> | Membership for two persons of the same household - entitles family to two votes in club elections (if over 14 YO), yearly award privileges, and one primary and one supporting USDF group membership. | \$ | |
| <p><i>If more than 2 family members are joining, list additional supporting members & pay additional \$20.00 for each.</i></p> | | | |
| NAME | | Birthdate (if JR/YR) | \$ |
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| NAME | | Birthdate (if JR/YR) | \$ |

I agree to abide all rules and by-laws of the Suncoast Dressage & Combined Training Association (SDCTA), the United States Equestrian Federation (USEF) and the United States Dressage Federation(USDF).

Applicant's Signature *(or parent if under 18 years of age)* **Date**

(For new members) I was referred by the following current SDCTA member

Date Received:_____ **Amount Received:**_____ **Ck#:**_____ **Received**

By:_____ **Make payment payable to SDCTA Mail to: SDCTA 4428 Ferncroft Ave,
Tampa, FL 33609**

SDCTA MEMBER PROFILE

(Include additional copy for supporting members)

NAME:

Home/Mobile Phone #:

Occupation (employer):

If student, where do you attend; what are you studying? How long have you been riding?

Date:

Do you own/lease a horse(s)?

If so, please tell us about your horse(s):

What other hobbies/interests do you have?

Is there anything else you wish to share with us?

Suggestions to help SDCTA help you reach your riding goals:

To which club activities are you interested in volunteering your time?

Horse Shows Awards

Committees Clinics Newsletter Educational Programs Officer/Board Member

Other *(please specify)* _____

