

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 VADACH to: Sherri Booye, 721 Lake Road, Troy, VA 22974

MEMBER INFORMATION	Name: _____	SELECT A MEMBERSHIP	TYPE	DESCRIPTION	EACH	FEE	TOTAL FEE...
	Address: _____		Senior (Over 18)			\$55	_____
	City: _____		Junior (18 and Younger)	Date of Birth: _____		\$50	_____
	State, Zip: _____		Family (2 Members)			\$65	_____
	Cell Phone: _____		Family (3 Members)			\$85	_____
	Home Phone: _____		Family (Each Additional Family Member)	_____ x \$31			_____
	E-Mail Address: _____		(Family can include a farm's working student)				
	Work Phone: _____		Group 1 st Group Member			\$55	_____
	Membership Type (check one):		Each Additional Member	_____ x \$31			_____
	<input type="checkbox"/> Renewal <input type="checkbox"/> New		(5 or more- Schools, 4-H, Pony Club, etc.)				
	Affiliate Primary Chapter: _____			\$20	_____		
	(A person who belongs to another chapter and wishes to be affiliated with VADA-CH)						
	Early Bird Discount			Subtract \$ 5 --	_____		
	(Senior or Junior Membership paid before January 1, 2023.)						
	Total Payment \$				_____		

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. Please indicate birthdates of juniors and provide USDF No(s) *required by USDF*

_____, E & P

REMEMBER TO SIGN AND GIVE US YOUR USDF NUMBER BELOW

SIGNATURES	Print Name	Junior 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