



# Dancing Horse Dressage & C.T.

## Membership Application



(Year)

Date: \_\_\_\_\_

Dancing Horse Dressage & C.T. is a USDF Group Member Organization.

Its Single members are automatically USDF Group Members.

### SECTION 1: PRIMARY MEMBER CONTACT INFORMATION

NAME		USDF #	
ADDRESS		DATE OF BIRTH	
CITY, STATE, ZIP		HOME PHONE	
EMAIL		MOBILE PHONE	
PREFERRED USERNAME FOR DHD&CT WEBSITE LOGIN			

### SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	
SINGLE (Adult)	Full Membership	\$45	
FAMILY	Requires Full Membership for Primary Member PLUS \$20 per additional family member. Add'l Name: _____ DOB: _____ USDF #: _____ Email: _____ Add'l Name: _____ DOB: _____ USDF #: _____ Email: _____	\$20 each add'l	
	YOUTH	Parent/Guardian Name: _____ Phone Number: _____ Email: _____	\$30
	TRAINER	To qualify must show in 'open' division and can not hold an 'amateur' rating with USEF/USDF	\$30
		TOTAL FEE	

### SECTION 3: PRIVACY POLICY

I agree to allow DHD & C.T. to release the primary member contact information to current club members via a secure database.

### SECTION 4: PHOTO/AUDIO AUTHORIZATION AND RELEASE

I hereby authorize DHD & C.T. or their assignees to record and photograph my image and/or voice (or that of my child if under 18). I further consent to and permit photographs of me and/or those of my minor children to be used by DHD & C.T. for any purpose and in any medium. I understand that DHD & C.T. may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for DHD & C.T.'s use or publication of photographs of me and/or those of my minor children (if applicable)

### SECTION 5: ADDITIONAL INFORMATION

Yes, add my email address to the DHD Mailing List.

Yes, I am interested in being a DHD Sponsor. Please contact me for details.

PRIMARY MEMBER SIGNATURE		DATE	
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### PARENTAL CONSENT FORM PRIMARY MEMBERS UNDER 18

I hereby certify that I am the parent/guardian of the primary applicant, have read this document, and I understand and agree to its content.

SIGNED		RELATIONSHIP		DATE	
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Please make checks payable to DHD & C.T.  
Send your membership application and payment to:  
Gloria Lawless, 205 Riley Ave NE, Palm Bay, FL 32907