



# Dancing Horse Dressage & C.T.



## Membership Application

(Year)

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

Its Single members are automatically USDF Group Members.

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

### SECTION 1: PRIMARY MEMBER CONTACT INFORMATION

(Please complete ALL information)

|                       |  |                      |  |
|-----------------------|--|----------------------|--|
| <b>NAME</b>           |  | <b>USDF #</b>        |  |
| <b>ADDRESS</b>        |  | <b>DATE OF BIRTH</b> |  |
| <b>CITY,STATE,ZIP</b> |  | <b>HOME PHONE</b>    |  |
| <b>EMAIL</b>          |  | <b>MOBILE PHONE</b>  |  |

### SECTION 2: MEMBERSHIP TYPE

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

### SECTION 3: 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 4: ADDITIONAL INFORMATION

- Yes, add the primary member email address to the DHD Member Email List.
- Yes, add any additional family member's email addresses to the DHD Member Email List.

### SECTION 5: SIGNATURES

|                                 |  |             |  |
|---------------------------------|--|-------------|--|
| <b>PRIMARY MEMBER SIGNATURE</b> |  | <b>DATE</b> |  |
|---------------------------------|--|-------------|--|

### PARENTAL CONSENT IF PRIMARY MEMBER IS A YOUTH 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.

|               |  |                     |  |             |  |
|---------------|--|---------------------|--|-------------|--|
| <b>SIGNED</b> |  | <b>RELATIONSHIP</b> |  | <b>DATE</b> |  |
|---------------|--|---------------------|--|-------------|--|

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**