SVDA MEMBERSHIP APPLICATION

Southeast Virginia Dressage Association is a chapter of the Virginia Dressage Association. VADA is a Group Member Organization (GMO) of USDF. Its members are automatically USDF Group Members.

VADA/SVDA MEMBERSHIP INCLUDES:

*Membership Card *Newsletter *VADA Membership
*USDF Affiliation *Copy of Awards Policy

SVDA ANNUAL AWARDS ELIGIBILITY:

Rider and horse owner must both be members of SVDA and in good standing at the time of the ride. Riders must volunteer at least two (4) units of service for SVDA schooling shows during the year, the first of which must be completed by July 1 of the show year.

AWARD YEAR: December 1 - November 30 **MEMBERSHIP YEAR:** January 1 - December 31
(Note: new members joining after December 1 are entitled to the following year's membership.)

MAIL TO:

Membership Chairman:

Reeta Edmundson
5139 Westerly Drive
Virginia Beach, VA 23464

Name: _____ USDF Member Number*: _____

Address: _____City: _____ State:_____ZIP: _____

Phone Home: _____ E-mail: _____

Birth date if Junior or Young Rider:

*If you are currently a member of USDF and cannot remember your USDF Number, visit www.usdf.org to locate your USDF ID Number.

CHOOSE ONE:

- ▫ Senior Member $50.00
- ▫ Junior Member $40.00 (18 Years and Under)
- ▫ Patron $40.00 (Non-voting)
- ▫ Family Membership $80.00 (Plus $30.00 additional for each member over two Family Members)
- ▫ Farm Membership $80.00 (Plus $30.00 additional for each member over two Farm Owners or managers. Farm membership is limited to four members per Farm.)

What Is Your Primary GMO? (i.e., VADA, NCDCTA, PVDA)_____
What Is Your Primary Chapter? (i.e., SVDA, NOVA, VADACC) _____

Would you be interested in being a mentor for a Junior Rider? (Yes / No) Circle one.

List family member names or all farm owners and managers:

1. _____ Birth Date (Jr/YR) _____
2. _____ Birth Date (Jr/YR) _____
3. _____ Birth Date (Jr/YR) _____
4. _____ Birth Date (Jr/YR) _____

Enclosed is $ _____ Please make check payable to SVDA, Inc.

Join SVDA and participate in their activities and programs totally at my own risk. I understand that neither the SVDA nor individual board members accept responsibility for accident, damage, injury or illness to horses, riders, owners, spectators or any persons or property.

Signed _____ Date

Please mail this application to the Membership Chairman. Do not drop it off at schooling shows or other events.