

# SVDA MEMBERSHIP APPLICATION

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

## VADA/SVDA MEMBERSHIP INCLUDES:

- \*Membership Card
- \*USDF Affiliation
- \*Newslette
- \*Copy of Awards Policy
- \*VADA Membership

## 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 can not remember your USDF Number, visit [www.usdf.org](http://www.usdf.org) to locate your USDF ID Number.

## CHOOSE ONE:

- Senior Member \$45.00
- Junior Member \$35.00 (18 Years and Under)
- Patron \$35.00 (Non-voting)
- Family Membership \$75.00 (Plus \$25.00 additional for each member over two Family Members)
- Farm Membership \$75.00 (Plus \$25.00 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 and Social Security Numbers:

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.

*I 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.**