

## MEMBERSHIP APPLICATION

## **Emerald Coast Chapter**

Deep South Dressage and Combined Training Association

Name:			
Current USDF ID#(if n	ew member, USDF w	ill assign numb	per)
Address:	City	State	Zip
Home Phone:	Cell Phone:		
Email:			
Preferred contact method(s): Phone	Email Text		
Disciplines(s) & Level:			
Membership Type (check one):			
Supporting: Jur	nior: 🗌 (Jr DOB	) Family:	Associate:
Signature		Date:	
Additional Comments:			
	Dues		
_	volunteer 4 hours per	year in support	of Chapter Events
<ol> <li>Supporting Membership: \$50.00</li> <li>Junior Membership (for members 18 years or</li> </ol>	voungor): \$25.00		
3. Family Membership: Family members of Supp		av ioin by comp	leting another form.
Does not include USDF membership. \$25.00/g	_	a, je a, eep	
4. Associate Membership: \$25.00			
Must be a primary member of another DSDCT	A chapter. Primary Cha	pter:	
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	Benefits of Me	•	
1. Group membership with USDF and DSDCTA. (	•	-	
<ol><li>Eligibility for DSDCTA and ECC DSDCTA Awards</li></ol>	s. (ECC Members requi	re 4 vol. hrs. per	year)

- 3. Eligibility to vote in the annual elections, local and regional.
- 4. Discounts and preference for activities sponsored by ECC DSDCTA.
- 5. Volunteer incentives available to ECC members for Dues, Clinics, Banquet, and other chapter events.
- 6. Scholarships available to members for Educational Events; clinics, lessons, seminars, etc.

## Payment Information

PayPal: eccdsdcta@gmail.com (Friends & Family) Check: Make payable to "ECCDSDCTA" (\$20 returned check fee)

Mail to ECC Treasurer:

Crissy Clark

5574 Meadowlark Lane Milton FL 32570

Please submit completed form to <a href="mailto:eccdsdcta@gmail.com">eccdsdcta@gmail.com</a>, or mail with check.