



SDCTA MEMBERSHIP APPLICATION

Suncoast Dressage & Combined Training Association, a not-for-profit organization sponsoring dressage shows, clinics, and seminars designed to further the sport of dressage in the Tampa Bay area. The newsletter informs members of upcoming events and related activities. SDCTA is a USDF Group Member Organization (GMO) and all members are automatically USDF group members (GMs). For USDF Participating Membership, members must apply directly to USDF. For more information about SDCTA, visit us on the web at www.SDCTA.com

For Year _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal
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*****NOTE: The SDCTA membership year is September 1 through August 31*****

NAME (Primary Member):		USDF #	
NAME (Supporting Member if applicable):		USDF #	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
HOME PHONE:	EMAIL ADDRESS:		
BUSINESS / MOBILE PHONE:		Birthdate	
<i>Types of Memberships Available (check one):</i>			
<input type="checkbox"/>	JUNIOR – \$30.00 <i>(\$25 if renewing prior to 9/30)</i>	SDCTA membership for one person under 18 years of age - entitles member to newsletter, one vote in club elections (if over 14), yearly award privileges, and one USDF group membership.	\$
<input type="checkbox"/>	INDIVIDUAL - \$35.00 <i>(\$30 if renewing prior to 9/30)</i>	SDCTA membership for one person 18 or over - entitles member to newsletter, one vote in club elections, yearly award privileges, and one USDF group membership.	\$
<input type="checkbox"/>	FAMILY - \$40.00 <i>(\$35 if renewing prior to 9/30 of the membership year. One primary member and one supporting member)</i>	Membership for two persons of the same household - entitles family to two votes in club elections (if over 14 YO), yearly award privileges, and one primary and one supporting USDF group membership.	\$
<i>If more than 2 family members are joining, list additional supporting members & pay additional \$20.00 for each.</i>			
	NAME	Birthdate (if JR/YR)	\$
	NAME	Birthdate (if JR/YR)	\$
	NAME	Birthdate (if JR/YR)	\$
TOTAL ENCLOSED:			\$

I agree to abide all rules and by-laws of the Suncoast Dressage & Combined Training Association (SDCTA), the United States Equestrian Federation (USEF) and the United States Dressage Federation (USDF).

Applicant's Signature (or parent if under 18 years of age) Date

(For new members) I was referred by the following current SDCTA member _____

For SDCTA Office Use:			
Date Received: _____	Amount Received: _____	Ck#: _____	Received By: _____

Make payment payable to SDCTA Mail to: SDCTA 4428 S Ferncroft Ave, Tampa, FL 33609

SDCTA MEMBER PROFILE

(Include additional copy for supporting members)

NAME: _____ Date: _____

Home/Mobile Phone #: _____

Occupation (employer): _____

If student, where do you attend; what are you studying? _____

How long have you been riding? _____ Do you own/lease a horse(s)? _____

If so, please tell us about your horse(s):

What other hobbies/interests do you have?

Is there anything else you wish to share with us? _____

Suggestions to help SDCTA help you reach your riding goals:

To which club activities are you interested in volunteering your time?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Clinics | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Officer/Board Member |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Other (<i>please specify</i>) _____ | |