

2012 SWVADA MEMBERSHIP APPLICATION (please print)

DATE: _____ NEW _____ RENEWAL _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () _____ WORK () _____ CELL() _____

E-MAIL ADDRESS _____

USDF NO.: _____ (from your USDF Card)

Renewing members must include this information on your application. New members will be assigned a number by USDF. USDF will mail your membership card.

IS SWVADA YOUR PRIMARY CHAPTER? YES _____ NO _____ IF NO, PLEASE NAME THE PRIMARY CHAPTER TO WHICH YOU BELONG: _____

MEMBERSHIP TYPE:

INDIVIDUAL (SENIOR)	\$50 _____
JR/YR (BIRTH DATE _____)	\$33 _____
FAMILY: FIRST MEMBER (Above)	\$50 _____
EA ADD'L MEMBER	\$33 _____
NAME _____	
USDF # _____	
FRIEND OF SWVADA*	\$25 _____

*Friend of SWVADA membership level is not eligible for Year End Awards.

Professional _____ Amateur _____

Your newsletter is provided to you each month online at our website www.swvada.org. Please make checks payable to SWVADA and mail with your application form to:

SWVADA Membership Chairperson	Office Use Only
c/o Nan Palmer	10 List _____
1428 Gosling Drive	Label _____
Bedford, VA 24523	Omnibus _____

Membership is in the Southwest Chapter of the Virginia Dressage Association (VADA). Membership year is December 1 to November 30 and includes a Group Membership in the United States Dressage Federation (USDF). If you have questions about membership, contact Nan at palmer16@verizon.net