

2024 SWVADA Membership Application

Date: _____ New: _____ Renewal: _____

Name of SWVADA member if referred by: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

USDF Number: _____ (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 Membership (Senior) \$50.00

_____ Junior/Young Rider (Birth Date: _____) \$30.00

_____ Family Membership (please list additional family members below with their USDF numbers; additional members are \$33.00 each): _____ (\$33.00)

_____ (\$33.00)

_____ (\$33.00)

_____ Supporting Member (does not show, no USDF or VADA dues) \$20.00

Check One: Professional _____ Amateur _____ Junior _____

E-blasts are provided to you each month via email, and current information is available at our website: www.swvada.org. Please make checks payable to SWVADA and mail with your application form to:

SWVADA Membership Chairperson

c/o Candi Hylton

PO Box 76

Woolwine, VA 24185

Office Use Only

Check # _____

Received _____

Membership is in the Southwest Chapter of the Virginia Dressage Association (VADA). Membership year is December 1st to November 30th and includes group membership in the United States Dressage Federation (USDF). If you have any questions about membership, contact Candi Hylton at gammy15@hotmail.com.