## 2022 SWVADA Membership Application

Date:	New:	Renewal:
Name of SWVADA member if referred by:		
Name:		
Street Address:		
City:	State:	Zip:
Home Phone:		
Work Phone:		
USDF Number:		(from your USDF Card)
Renewing members must include this information by USDF. USDF will mail your membership can		plication. New members will be assigned a number
Is SWVADA your primary chapter? Yes	No	
If no, please name the primary chapter to whi	ch you belong: _	
Membership Type: Individual Membership (Senior) \$50.0 Junior/Young Rider (Birth Date: Family Membership (please list additional members are \$33.00 Supporting Member (does not show)	ional family men o each): (\$33.00) (\$33.00) (\$33.00) , no USDF or VA	nbers below with their USDF numbers;  DA dues) \$20.00
Check One: Professional An	mateur	Junior
E-blasts are provided to you each month via e www.swvada.org. Please make checks payable		
SWVADA Membership Chairperson	C	office Use Only
c/o Candi Hylton	C	heck #
PO Box 76	R	eceived
Woolwine, VA 24185		

Membership is in the Southwest Chapter of the Virginia Dressage Association (VADA). Membership year is December 1st to November 3oth 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.