

MEMBERSHIP APPLICATION

A USDF Group Member Organization
Members are automatically USDF Group Members

Name: _____ Birth Date: _____(Optional)
(primary member) () 21 & Under

Address: (Street) _____
(Apt.#) _____
(City/State/Zip) _____

Phone: (Day) _____ (Evening) _____

E-Mail: _____

Type of membership: () Life \$200
() Individual \$37 (one person)
() **Family-** \$70 (two people)...\$10 each additional
Primary member
plus any supporting
members
() Auxillary \$10
(non-voting)

List names of supporting members (and birthdate) :

1. _____ 2. _____
3. _____ 4. _____

Other affiliations: USA Equestrian _____ (Category and Number)
USDF _____ (Category and Number)
ESDCTA: _____
USCTA: _____
Other: _____

Primary interests: _____

Volunteer questionnaire: Please let us know how you can help out at GSDS sponsored events.
(One day of help is required to qualify for year end awards)

	<u>Experienced</u>	<u>Willing to learn</u>
Show/Event Secretary	()	()
Show/Event Organizer	()	()
Steward/Bit Checker	()	()
Scorer/Runner	()	()
Announcer	()	()
Concession Stand	()	()

Willing to Help

Plan meeting program	()	Assist with awards dinner	()
Provide meeting refreshments	()	Organize a clinic	()
Copy Newsletter	()	Organize a fund raiser	()

Please mail your form, along with a check in the appropriate amount made out to "SGSDS" to:

**Carmela Verga-Haaf
556 Shiloh Pike
Bridgeton, NJ 08302-1406
(856) 451-2579**