

# 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**

---