

DDA Membership form 2010

NOTE: The membership year runs from December 1 through November 30.

CHECK ALL THAT APPLY:

___ Group Member, \$40 ___ Junior Member, \$30 (under 21 years old)

___ Family (\$40 for first member; \$20 for each additional member)

___ Business card in each newsletter, \$25 plus membership fee.

___ SPECIAL: 3 year membership, \$110. (Does not apply to family memberships.)

___ New Member ___ Renewal

MEMBERS WISHING TO HAVE A BUSINESS CARD IN EACH NEWSLETTER: Please include 2 copies of your business card with your application.



NAME: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

TELEPHONE: (____) _____ E-MAIL: _____

CELL PHONE:(____) _____ USDF Number: _____

BIRTHDATE (include year if Junior/Young Rider): _____

ADDITIONAL FAMILY MEMBERS JOINING: (Give NAME, USDF#, BIRTHDATE)



Please make checks payable to DDA and RETURN TO:

Debbie Yoakum

11495 Whispering Pines Drive

Olive Branch, MS 38654



(For Office use ONLY: ABC: _____, check# _____, Date _____, \$ _____ Access
_____, USDF _____, #people: _____)

RELEASE: I hereby release the DELTA DRESSAGE ASSOCIATION, its officers, members, employees, or agents from any liability and all claims of every kind (including costs, expenses or attorney's fees) that might result from damages, injuries or losses to my person or property during or in connection with any show, clinic, event, or function, whether or not such damages, injuries or losses result directly or indirectly from the negligent act or omissions of the officers, member, employees or agents of the Delta Dressage & Combined Training Association.

SIGNED: _____ DATE: _____ (If minor, parent or guardian must sign.)

This release will remain in effect until membership has lapsed by more than three months.

RELEASE MUST BE SIGNED FOR YOUR MEMBERSHIP TO BE ACCEPTED.

DDA Membership Bylaws will be available upon member request by placing a check mark next to one of the below selections.

_____ I wish to help the environment by accessing the bylaws on the DDA website.

_____ I wish to have disc copy of the bylaws (PDF format). Please provide your mailing address.

_____ I wish to have a hard copy of the bylaws mailed. Please provide your mailing address.

NAME: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____