

# Central Washington Dressage Society



## Membership Application/Renewal Form

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**Membership in CWDS is based on the USDF year of December 1 through November 30.  
New members who join after June 1 shall pay \$35.**

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**\*\*This organization is a USDF Group Member Organization; and members are automatically USDF Group Members.\*\***

**Single membership \_\_\_\_\_ \$45.00/year**

A single member is a voting member receiving all benefits including USDF Group Membership and monthly meeting notices and newsletter. As a GMO member you are eligible for the USDF Rider award program and receive the USDF Connection.

**Family membership:**

**Primary Family Member \_\_\_\_\_ \$45.00/year**

**Supporting Family Members \_\_\_\_\_ \$15.00/year**

- A family is defined as individuals in an immediate family that either live at the same address or those that have the same legal address
- Only one subscription of USDF Connection will be sent to the family address.
- **Supporting** members receive all Group Member benefits, except that they do not receive a personal copy of Connection magazine

**Benefactor \_\_\_\_\_ \$**

A benefactor is a person who wants to financially support Dressage on the local level. A benefactor is not a club member, however they will receive notices of the club activities and the newsletter.

### LATE RENEWALS

CWDS MEMBERS WHO RENEW THEIR MEMBERSHIP AFTER NOVEMBER 10 PAY A \$5.00 LATE RENEWAL FEE IN ADDITION TO THEIR NORMAL MEMBERSHIP DUES.

Name: \_\_\_\_\_

USDF NO: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

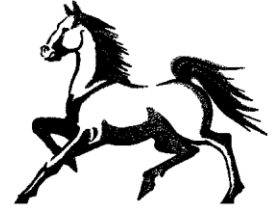
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list name, USDF No. and birth date of each additional family member:

\_\_\_\_\_  
\_\_\_\_\_

# Central Washington Dressage Society



## RELEASE FORM

As part of the obligation of membership, I the undersigned, individually and on behalf of my minor children, hereby release the corporation and the officers and estates and their agents and employees from any liability or loss or damage. It is understood that there are certain risks to horse, rider and students involved in the lessons and training and in the use of the facilities; and I agree to assume full responsibility for all such risks and agree that the above-mentioned parties will not be responsible for any loss, personal injury or damage to me, and I hereby indemnify the above-mentioned parties against claims of any kind that may grow out of such damage occurring on their premises or otherwise.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Individually and a parent and/or guardian  
For any minor member of my family

Do you authorize CWDS to release your name and address to organizations requesting our membership list?

**Yes**

**No**

Do you wish to receive clinic notices from CWDS?

**Yes**

**No**

### MAKE CHECKS PAYABLE TO CWDS

Amount enclosed: \_\_\_\_\_

**Mail your check and completed and SIGNED form (BOTH SIDES) to:**

**Judy Schott  
PO Box 896  
Wapato, WA 98951**

**For office use:**

Receipt \_\_\_\_\_ Deposited \_\_\_\_\_ USDF \_\_\_\_\_  
Roster \_\_\_\_\_ Newsletter mailing list \_\_\_\_\_