

Central Washington Dressage Society



Membership Application/Renewal Form

Membership in CWDS is based on the USDF year of December 1 through November 30.

Single Membership _____ \$10/year

- A single member is a voting member (18years and older) receiving all benefits of the club such as meeting and club notices ,clinic participation and year end awards.

Family Membership _____ \$25/year

3+ Members

- Defined as individuals in an immediate family that either live at the same address or those that have the same legal address.
- All members are voting members (18years and older) and receive same benefits of a single

Sponsor \$ _____

- A sponsor is a person who wants to financially support Dressage on the local level. A sponsor is not a club member, however they will receive notices of the club activities. Donations to the CWDS are tax deductible through the 501 C 3 classification.

Name: _____

Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Additional Members

_____ Birth date: _____

_____ Birth date: _____

_____ Birth date: _____

_____ Birth date: _____

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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 to:

Diane Schmitt
4915 Gamache Rd
Moxee, WA 98936

For office use:

Receipt _____ Deposited _____ USDF _____
Roster _____ Newsletter mailing list _____