



Central Florida Dressage Inc

Membership Form - Individual/Primary/Supporting

December 1, 2007 through November 30, 2008

Central Florida Dressage Inc – Promoting the rider, trainer, and breeder

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number(s): _____

Email Address: _____

Date of Birth (required by USDF): Month _____ Day _____ Year _____

Membership Type: Individual/Primary Family Member \$35 _____

Supporting Family Member \$15 _____
(Must be a member of same household as primary member)

Individual Business Member \$0 _____
(Must be affiliated with a current business member)

Non-CFD Horse Registration (Per Horse) \$5 _____
(To register a horse that is not owned by a CFD member)

Horse Name(s): _____

Horse Breed(s): _____

Non-CFD Horse Name(s): _____

Non-CFD Horse Breed(s): _____

Are you a USDF member independent of CFD: Yes _____ No _____

If yes, USDF membership number: _____

Are you able to support CFD? If so please indicate how:

_____ Show Committee _____ Ride-A-Test/Clinic Committee _____ Scribe
_____ Awards Banquet Committee _____ Advertising/Sponsorships _____ CFD Newsletter

Member Signature: _____ Date: _____
(Parent or guardian must sign if member under age 21)

(If Applicable)
Printed Name of Parent or Guardian: _____

Relationship to minor member: _____

Pay via Paypal on our website: www.centralfloridadressage.com

OR

Make check payable to: Central Florida Dressage Inc

Mail this form & your check or Paypal receipt to: Kimberley Puthoff
360 E 5th St
Chuluota, FL 32766-8614