



# Central Florida Dressage Inc

## Individual and Family Membership Form

December 1, 2016 through November 30, 2017  
*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 \$40 \_\_\_\_\_  
Family Membership \$20 \_\_\_\_\_  
*(Additional member of same household as primary member)*  
Individual Business Member \$0 \_\_\_\_\_  
*(Must be affiliated with a current business member)*  
Non-CFD Horse Registration \$5 \_\_\_\_\_  
*(To register the horse of a non-CFD member owned horse)*

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 \_\_\_\_\_

What CFD events would you support either as a volunteer or participant?

\_\_\_\_ Lesson / Ride A Test Clinics      \_\_\_\_ Shows      \_\_\_\_ Christmas Party  
\_\_\_\_ Day Long Seminars      \_\_\_\_ Fundraisers      \_\_\_\_ Annual Meet & Greet Banquet  
\_\_\_\_ Evening Speaker Meetings      \_\_\_\_ Musical Freestyle Events      \_\_\_\_ CFD Item Store

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: \_\_\_\_\_

Name of Referring CFD Member (if referred): \_\_\_\_\_

**Pay via Paypal on our website: [www.centralfloridadressage.com](http://www.centralfloridadressage.com)**

**Or Make check payable to: Central Florida Dressage Inc**

**Mail form & check/Paypal receipt to: Kimberley Puthoff, PO Box 1204, Geneva, FL 32732-1204**