



Central Florida Dressage, Inc.

Individual Membership Form

December 1, 2019 through November 30, 2020

Name:	_____
Mailing Address:	_____
City, State, Zip:	_____
Phone Number(s):	_____
Email Address:	_____
Date of Birth (USDF requirement):	_____

Membership Type:

Individual Primary	\$45.00	_____
Family Membership (Additional member of same household as primary member)	\$15.00	_____
Junior/Young Rider Membership (18 or younger)	\$35.00	_____
Individual Business Member (must be named as individual on business membership form)	\$00.00	_____

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 | ___ Holiday 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)	_____

Payment Options: Paypal on our website: www.centralfloridadressage.com

Check: Make payable to Central Florida Dressage

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