

Orange County Dressage Association Membership Application

Mail this form with payment to: **Kerry Rose**
330 Goshen Turnpike
Middletown, NY 10941

Personal Information
please print legibly

Name: _____

Address: _____

Email Address: _____

Phone: (____) - _____ - _____ **day**
(____) - _____ - _____ **evening**
(____) - _____ - _____ **cell**

USDF # _____ (needed for GMO affiliate membership)

Family Members: (**first two names are included with Family Memberships;
\$20 for each additional individual (up to 4)

| | |
|---|---|
| 1) Name _____ E-mail _____ ___ Junior Member: Date of Birth: _____ | 2) Name _____ E-mail _____ ___ Junior Member: Date of Birth: _____ |
| *3) Name _____ E-mail _____ ___ Junior Member: Date of Birth: _____ | *4) Name _____ E-mail _____ ___ Junior Member: Date of Birth: _____ |

Membership Fees

Senior Individual.....\$45

Junior Individual.....\$35
(16 years or under)

Family Membership.....\$60

****All memberships run from November 1 to October 31, regardless of time of payment****

**Make checks payable to:
OCDA**

Survey Questions

What level are you currently riding? _____

Are you currently competing? Yes No
Rated Shows: Yes No
Schooling Shows: Yes No

Are you interested in attending clinics? Yes No
As an: Auditor Rider Both

Any particular clinician? _____

Do you have any suggestions/ activities you would like?

