



*Crossroads Dressage and  
Combined Training Society*  
**2010 Membership Form**



GROUP  
MEMBER  
ORGANIZATION

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ USDF # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ CellPhone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_

**I would like to join Crossroads Dressage and Combined Training Society for the 2010 Membership Year (December 1, 2009 – November 30, 2010). Enclosed is a check for the following membership category:**

- \$20 Charter Membership (*Founding Members whose membership has not lapsed since the formation of the club*)
- \$45 Adult Membership (Over 21 years old as of January 1, 2010)
- \$25 Junior/Young Rider Membership (21 years old or younger as of January 1, 2010)
- \*Family Membership - Names (circle primary member) \_\_\_\_\_

Additional Family Member Email Addresses: \_\_\_\_\_

**\$45 Primary Membership + \$10 per each Additional Family Member = \_\_\_\_\_ Total Due**

**I would be willing to volunteer in the following areas (circle all that apply):**

HORSE SHOWS: Scribe   Score   Runner   Ring Steward   Concessions   Setup/Teardown   Hospitality

OTHER:   Phone Contacts   Committees   Board Member   Write for Newsletter   Publish Newsletter  
Webpage   Sell Advertising   Other: \_\_\_\_\_

Please make your check payable to CDCTS, and return by **November 1, 2009** to:

**Sue Cain, CDCTS Secretary**  
102 Greywood Place  
Oak Ridge, TN 37830

Date Received: \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

**This organization is a USDF GMO and its members are automatically USDF Group Members  
\$17 of your membership fee goes directly to USDF for your Group Membership**