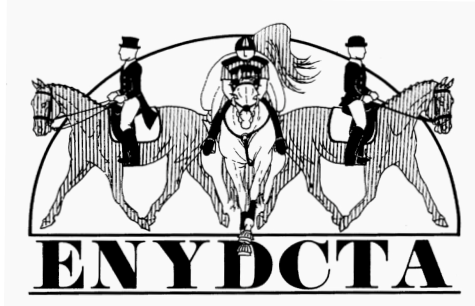


The Eastern New York Dressage & Combined Training Association



2010 Membership Application

ENYDCTA, Ltd., is a Group Member Organization (GMO) of the United States Dressage Federation (USDF), and, as such, ENYDCTA members become USDF Group Members, eligible for applicable USDF Group member benefits. Only one (1) person will become the USDF Group Member. For each Family membership USDF will only provide one copy of the *USDF Connection* magazine to the Primary Member's address. ENYDCTA membership benefits include receipt of the monthly newsletter, *The Piaffe Flyer*, as well as discounts at most ENYDCTA sponsored events. The period of membership is December 1st through November 30th. Annual Membership fees are as follows:

Membership Information

PRINT/TYPE THE FOLLOWING INFORMATION

Name: _____
 Family Member Name(s): _____

 Street: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: (____) _____
EMAIL: _____

	On or Before 12/1	After 12/1
\$40.00 Individual Member		\$45.00
\$20.00 Junior Member (under 21*)		\$25.00
\$40.00 Primary Family Membership (for the 1st family member)		\$45.00
Additional Family member(s):		
# _____ X \$20.00		\$ _____
Horse Registration Fee**		\$ 5.00

For a mailed copy of the *Piaffe Flyer*, please add an additional \$10 to your total.\$ _____

TOTAL FEES ENCLOSED\$ _____

* Junior member(s) please provide date of birth:
 _____/_____/_____

** One-time registration fee per horse, required to participate in ENYDCTA Year End Awards Program. Change of owner requires new registration.

ENYDCTA IS GOING GREEN!
 (If no selection, email will be default method.)
 _____ **Yes!** Please send my Flyer by email!
 _____ **No,** please send by hardcopy. (add \$10 to your total membership fee)

Horse(s) Registration Information

Attach additional sheets as necessary and include with your application.

- Name of Horse to be registered: _____ Breed: _____
 Sex: _____ Color: _____ Age: _____
 Owner's Name: _____ ENYDCTA Member: Y N
- Name of Horse to be registered: _____ Breed: _____
 Sex: _____ Color: _____ Age: _____
 Owner's Name: _____ ENYDCTA Member: Y N

MAIL PAYMENT AND MEMBERSHIP FORM TO:

Gail DiStefano • 23 Candlewood Dr. • Ballston Lake, NY 12019

____ I have enclosed a check made payable to ENYDCTA, Ltd.
 ____ Please charge my (circle one): **MasterCard** **Visa** Card #: _____ Exp. date: _____