



PRIMARY / INDIVIDUAL MEMBER INFORMATION

Check Membership Type:  Renewal  New Membership  NAC (Must Select to be NAC)

Current USDF # \_\_\_\_\_ (If Applicable)

Use this Form for Payment by Check ONLY - For Payment by Credit Card, Join Online at www.azdressage.org.

Name (print clearly) \_\_\_\_\_ Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

OPT-IN to receive important ADA information by providing your Email address: \_\_\_\_\_

Centerline newsletter, Show, Clinic and Membership information are delivered electronically. We respect your privacy. ADA does NOT share your personal information with ANY third parties! See Full Privacy Policy on ADA Website.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

JUNIOR / YOUNG RIDER MEMBERSHIP: (one vote) Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_) (under age 22 by December 1, 2022)

FAMILY MEMBERSHIP: Only the PRIMARY / INDIVIDUAL MEMBER gets one ADA vote. All memberships eligible for ADA Awards. Every ADA FAMILY MEMBER gets a USDF Group Membership with the additional fee. Some USDF Restrictions May Apply.

Primary Family Member Name (if different than above) \_\_\_\_\_ Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Supporting Family Member #1 Name \_\_\_\_\_ Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Supporting Family Member #2 Name \_\_\_\_\_ Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Individual Membership..... \$50.00

AA  JR/YR  Open

Primary Family Membership..... \$50.00

AA  JR/YR  Open

Each Supporting Family member ..... \$28.00

#1  AA  JR/YR  Open

#2  AA  JR/YR  Open

Hard Copy Newsletter (optional).....\$ 30.00

ADA donation (optional).....\$ 10.00  
(for rider education programs)

USDF Region 5 donation (optional).....\$ 1.00

Region 5 JR/YR donation (optional).....\$ 5.00

ADA is a 501(c)(3) not-for-profit Organization

Your generous donations help fund ADA Scholarships and Travel Grants for educational opportunities!

TOTAL enclosed \$ \_\_\_\_\_

Make checks payable to: "ADA"

\*Mail to: Michell Combs

8877 N 107th Ave, Suite 302-238  
Peoria, AZ 85345

Or Scan/Email to: Membership@azdressage.org

\* Envelope must have Michell's name on it

HELP WANTED

ADA is a Volunteer Organization.

\*\*\* Volunteering your Time or Expertise is required for Year End Awards, Scholarships, and Grants \*\*\*

Visit www.azdressage.org/volunteer/ for details.

Contact ksmith@azdressage.org if you can help us out!

or

Volunteer Donation (optional).....\$ 50.00

or

These are some areas we can use your help!

- Horse Shows Newsletter
- Clinic Activities Membership
- Board Member Annual Awards
- Selection Committees Provide Arena
- Fundraising Provide Event Venue
- Public Relations Hospitality (home)



"To Promote the Advancement of Classical Dressage through Education"

Full Mission Statement at www.azdressage.org