

2023 Membership Application December 1, $2023\,$ - November $30,\,2024\,$ ARIZONA DRESSAGE ASSOCIATION

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)
AddressCity			
Home PhoneCell 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, 2024)			
Every ADA FAMILY MEMBER gets a USDF Group Membership with the ad Primary Family Member Name (if different than above)Supporting Family Member #1 Name	e PRIMARY / INDIVIDUAL MEMBER gets one ADA vote. All memberships eligible for ADA Awards. s a USDF Group Membership with the additional fee. Some USDF Restrictions May Apply. fferent than above) Date of Birth (/) Date of Birth (/) Date of Birth (/)		
Individual Membership\$58.00	HELP WANTED		
□ AA □ JR/YR □ Open	ADA is a Volunteer Organization.		
Primary Family Membership\$58.00	*** Volunteering your Time or Expertise		
☐ AA ☐ JR/YR ☐ Open Each Supporting Family member\$33.00	is required for Year End Awards,		
#1 AA JR/YR Open	Scholarships, and Grants ***		
#2 □ AA □ JR/YR □ Open			
☐ Hard Copy Newsletter (optional)\$ 33.00	Visit www.azdressage.org/volunteer/ for details. Contact ksmith@azdressage.org		
☐ ADA donation (optional)\$10.00	if you can help us out!		
(for rider education programs)	· '		
☐ USDF Region 5 donation (optional)\$ 1.00 ☐ Region 5 JR/YR donation (optional)\$ 5.00	or		
	☐ Volunteer Donation (optional)\$ 50.00		
ADA is a 501(c)(3) not-for-profit Organization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Your generous donations help fund ADA Scholarships and Travel Grants for educational opportunities!	or		
	These are some areas we can use your help!		
TOTAL enclosed \$	i i		
Make checks payable to: "ADA"	Horse Shows	Newsletter	
*Mail to: Michell Combs	Clinic Activities Board Member	Membership Annual Awards	
8877 N 107th Ave, Suite 302-238	Selection Committees	Provide Arena	
Peoria, AZ 85345	Fundraising	Provide Event Venue	





Public Relations

Or Scan/Email to: Membership@azdressage.org

* Envelope must have Michell's name on it

Hospitality (home)