

2017 MEMBERSHIP APPLICATION

BIRMINGHAM DRESSAGE & COMBINED TRAINING ASSOCIATION, INC.

I wish to become a member of Birmingham Dressage and Combined Training, Inc. (BDCTA) a 501(c)3 non-profit corporation. BDCTA is an affiliate of USA Eventing (USEA) and is a United States Dressage Federation (USDF) Group Member Organization (GMO) and all members (except Supporting) are automatically USDF Group Members (GMs). For USDF Participating Membership, members must apply directly to USDF. As a BDCTA member a portion of my dues will enable me to receive the USDF monthly magazine, *USDF Connection**. I will also receive BDCTA member rates at BDCTA activities. (*except supporting members)

I understand that to be eligible for year-end awards, I must be a current member in good standing and meet the requirements outlined in the Awards Rules.

NEW MEMBERSHIP _____ **RENEWAL MEMBERSHIP** _____

\$40 Adult _____ \$55 Family** _____ \$25 Junior _____ \$25 Supporting _____

PLEASE WRITE LEGIBLY and FILL OUT COMPLETELY

Name : _____ **USDF#(if known)** _____

Address: _____

Phone Home: _____ **Cell:** _____ **DOB:** _____

Email: _____

_____ Check here if you do not want your contact information published.

Primary Discipline: **Dressage** _____ **Eventing** _____ **Other** (please specify) _____

**Please list family member names and birthdates: _____

Membership runs **December 1, 2016 through November 30, 2017**

*Per USDF Policy, checks received after **September 1** are applied to the upcoming membership year.*

Please note that BDCTA does not provide membership cards. To verify your membership, please contact us.

WARNING: Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activity Liability Protection Act

RELEASE: I have read the above warning and I hereby release Birmingham Dressage and Combined Training Association, Inc., its officers, members, employees and agents from any liability and all claims of every kind including, but not limited to, costs, expenses or attorney's fees, that might result from damages, injuries or losses to my person or property during, or in connection with, any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent acts or omissions of the officers, members, employees or agents of Birmingham Dressage and Combined Training Association, Inc.

Signature: _____ **Date:** _____

****(Must be signed by parent or guardian if applicant is a minor)****

Volunteer Interest: Through the support of our members we are able to provide educational opportunities such as clinics, scholarships, meetings, programs and shows. BDCTA is **YOUR** organization. Please **check** how you can help. Your support is appreciated and your participation welcome! **Our Club can only be as good as the members who support it.** Thank you again for your membership & support.

- | | | |
|---|--|--|
| <input type="checkbox"/> Scoring at shows | <input type="checkbox"/> Runner | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Scribing | <input type="checkbox"/> Day of show secretary | <input type="checkbox"/> Host a meeting |
| <input type="checkbox"/> Show set-up | <input type="checkbox"/> Clinic assistance | <input type="checkbox"/> Newsletter articles |
| <input type="checkbox"/> Show tear-down | <input type="checkbox"/> Nominating committee | <input type="checkbox"/> Website |
| <input type="checkbox"/> Ring steward | <input type="checkbox"/> Youth Development | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Jump crew | <input type="checkbox"/> Other: Please describe: | |
| <input type="checkbox"/> In gate | | |

Mail form & check payable to BDCTA to: BDCTA c/o Carol Brown, P. O. Box 280, Wilton, AL 35187

*Be sure to add our email **BirminghamDCTA@gmail.com** to your contacts list*