

**EASTERN MAINE DRESSAGE ASSOCIATION
APPLICATION FOR MEMBERSHIP 2012 (12/01/11-12/01/12)**

“What do you as a member ‘get’ from EMDA?”

- One free clinic offered per year - entirely subsidized by EMDA**
- Reduced EMDA show fees**
- MDS Omnibus – (available for late joiners only as supplies last)**
- Automatic membership of USDF and MDS**
- Quarterly USDF Bulletin and quarterly MDS/EMDA newsletter**
- Information on shows and clinics in the EMDA area**
- Possibility for earning awards for show performance within EMDA (included free for EMDA Awards) and MDS (additional fee)**

NOTE: Payment must be received by November 1st , 2011 to take advantage of the MDS early bird fee and the current EMDA rate. The EMDA membership year begins December 1st. Memberships expire November 30th. The effective date of EMDA membership is the date on which the application and correct dues are received by the EMDA treasurer. **Members must submit their dues by November 1st** or will need to pay an extra \$10! Memberships received after September 1st will be sent to MDS at the end of each month.

Please check:

 New membership **Renewal** / **Individual** **Junior(under 18 as of 1/1/11)** **Family**

**A family membership qualifies one person for a group membership in USDF. USDF RULE - All additional family members must pay an additional \$10.00 and will receive Supporting Family Member status*

** Must have birthdates of all Junior members for USDF and year-end awards.*

Primary Member Name (automatic USDF membership): _____

USDF # _____ **(req. for current members)** **Birth Date(MM/DD/YYYY)** _____

Add'l Family Member(s) _____

The additional USDF membership fee of \$10.00 for the first member is included in the Family Membership fee

USDF # _____ **Birth Date (MM/DD/YYYY)** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **email** _____

Would you like your newsletter sent by email? Y / N

I would like to _____ organize a clinic; _____ serve as show chair for one show; volunteer to _____ Topic or speaker I would like to see at a clinic/meeting: _____

Category of Membership and Payment:

1. EMDA Dues (includes Maine Dressage Society and USDF Dues)

<u>Individual</u>	<u>Junior</u>	<u>Family</u> (1 full USDF membership + one additional supporting member)	
\$34.00	\$29.00	\$47.00	\$ _____

2. Additional USDF supporting memberships
(Families only) # _____ @ \$10.00 each = _____

3. Memberships received after November 1, 2011 - additional \$10.00 = _____

4. Omnibus (charged for add'l copies while supplies last) # _____ @ \$10.00 each = _____

TOTAL AMOUNT ENCLOSED _____

Send completed application and check payable to EMDA to: Kitty Mitchell, 75 Haley Road, Winterport, ME 04496; phone (207) 525-4435; e-mail kittym7@myfairpoint.net

Date Rec'd _____ Treas. Init. _____