



APPLICATION FOR MEMBERSHIP



I wish to become a member of the Arredondo Dressage Society. Since ADS is a General Membership Organization affiliated with USDF, a portion of my dues will also enable me to become a group member of USDF and receive its monthly magazine, USDF CONNECTION. I will also be eligible for USDF group membership awards, the ADS monthly newsletter and special member rates at ADS activities.

I UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR YEAR END AWARDS, I MUST BE A CURRENT MEMBER IN GOOD STANDING AND I MUST HAVE LOGGED AT LEAST 4 HOURS OF VOLUNTEER TIME AT AN ADS ACTIVITY DURING THE CALENDAR YEAR.

NAME _____ USDF# (if applicable) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE(home) _____ PHONE(work) _____
 PHONE(cell) _____ PHONE(fax) _____
 E-MAIL _____ BIRTHDAY _____

Membership year runs from December 1st thru November 30th of the following year. Please make checks payable to Arredondo Dressage Society and mail check and application to:

Gale Hair, ADS Membership
 14355 NW 160th Ave.
 Williston, FL 32696

TYPE OF MEMBERSHIP

- Individual - \$40*
 Family - \$40* for 1st member.; each additional family member. \$25*
 Junior Membership (under 18) - \$25*
 ADS Newsletter Mailing List Only - \$30

*These are Full Active ADS Memberships and include a one-year USDF group membership.

WARNING: Under Florida 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. [Fla. Stat. S 773.05 (1993)]

RELEASE: I have read the above warning and I hereby release Arredondo Dressage Society, its officers, members, employees and agents from any liability and all claims of every kind including costs, expenses or attorney's fees that might result from damages, injuries, or losses to my personal 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 act or omissions of the officers, members, employees, or agents of Arredondo Dressage Society.

Release Signature Required for All Membership Applicants:

_____ Date _____

VOLUNTEER INTEREST: ADS is **YOUR** organization. Your membership and volunteerism are vital for our continued success. Please circle how you can best help in promoting ADS activities.

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| • Show Secretary | • Clinic Assistance | • Omnibus Committee |
| • Receiving Secretary | • Phone Tree for Volunteers | • Writing Article for Newsletter |
| • Show Set-Up/Tear-Down | • Scorer | • Nominating Committee |
| • Ring Steward | • Scribe | |
| • Runner | • Inventory | |