



2024 Ohio Western Dressage Association

WDAA State Affiliate

Membership Form

Name: _____ WDAA Number _____ (REQ)

Spouse/Parent: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Email Address: _____

Please read each membership type carefully: New member Renewal Member

Are you a (circle one) **Professional** **Amateur** **Youth** **Student**

Membership Options (Membership 1/1/2024-12/31/2024)

_____ **Veteran Member - \$15** (Must Be a WDAA member to join OHWDA)

_____ **Single Member - \$20** (Must Be a WDAA member to join OHWDA)

_____ **Junior Membership - \$10** (Must be a WDAA member to join OHWDA and under 18 as of 12/01/2023)

_____ **Awards Program - \$30** per horse and rider combination. Scores must be submitted to the
Awards Chairperson.

Horses Name _____

Riders Name _____

(Use the back for additional horses and rider combinations)

_____ **Total membership Fees: Make Checks Payable/PayPal to: Ohio Western Dressage Association**

Email to: ohiowesterndressageassociation@gmail.com

Mail to: Ohio Western Dressage Association

2819 East State Route 29

Urbana, OH 43078