



**Ohio Western Dressage Association State Affiliate**

**Membership Form**

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Name: \_\_\_\_\_ WDAA Number \_\_\_\_\_

Spouse/Parent: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Please read each membership type carefully:**      New member      Renewal Member

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

**Membership Options** (Membership 1/1/2023-12/31/2023)

\_\_\_\_\_ Single Membership \$30

\_\_\_\_\_ Veteran Membership \$20

\_\_\_\_\_ **Family membership - \$40** Plus **\$15** for each additional family member.

\_\_\_\_\_ WDAA membership \$35

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

(use back of form for additional Family Members)

\_\_\_\_\_ **Awards Program - \$40** per horse and rider combination Score must be Submitted to

Awards Chairperson.

Horses Name \_\_\_\_\_

Riders Name \_\_\_\_\_

(Use back for additional horses and riders)

\_\_\_\_\_ **Total Fees** : Make Checks Payable/PayPal to **Ohio Western Dressage Association**

**Mail to: Ohio Western Dressage Association**

**2819 East State Route 29, Urbana, OH 43078**

**Email to: [ohiowesterndressageassociation@gmail.com](mailto:ohiowesterndressageassociation@gmail.com)**