



**2009 ALL DRESSAGE ASSOCIATION (ADA)
MEMBERSHIP APPLICATION**

Member Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Birth Date _____
E-mail (please print)* _____

**For ADA use only. Not given or sold to third parties*

Membership Status*:

Junior		Adult Amateur		Professional	
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**Junior: 21 yrs and under. Adult: over 21 yrs. Amateur: no income from riding/training/ teaching. Professional: an adult who makes income (cash or other recompense) from riding/training/teaching. Juniors and Adult Amateurs may also show in the open division. Professionals may only show in the open division.*

New Member (not a member in 2008)		Renewing Member (member in 2008)	
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Membership Fees (check all that apply):

Member	\$40
Junior Member	\$35
Fee for additional family member*	\$25
Late Fee (after March 1, 2009)	\$10
Rapport mailing fee**	\$12
Equine Times Subscription	\$8.50
Total enclosed	\$

*Family member (additional immediate family member at the same address):

Family Member Name: _____

Family Membership status:

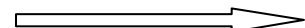
Junior		Adult Amateur		Professional	
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** In order to conserve resources, the Rapport newsletter is distributed electronically. Additional fee is for members requesting a mailed hard copy.

The All Dressage Association is a volunteer organization run by and for its members. ____ Yes, I would like to volunteer. Please contact me.

Make checks payable to **ALL DRESSAGE ASSOCIATION**
Mail to: Mary Cole, 676 State Street, Holland, MI 49423

SEE OTHER SIDE FOR HORSE/RIDER REGISTRATION FORM



ALL DRESSAGE ASSOCIATION 2009 HORSE/RIDER REGISTRATION FORM

In order to be considered for year end awards, horse/rider teams **MUST** be registered with the membership chairperson **PRIOR** to competition. This form must be completed and sent to the membership chairperson in hard copy and postmarked **BEFORE** the date of the competition.

Any changes or additions to horse/rider teams can be made on the Horse Rider Registration Change form available online at www.alldressageassoc.org, and **MUST** be sent to the membership chair (Mary Cole) in hard copy **PRIOR** to competition and postmarked **BEFORE** the date of the competition.

The horses **EXACT** name as registered on this form **MUST** be used on all show entry forms. The same name **MUST** be on the Coggins.

Refer to the omnibus for complete awards eligibility information.

Questions? Please e-mail the membership chair (Mary Cole) at www.alldressageassoc.org

2009 ADA HORSE/RIDER REGISTRATION

Rider Name: _____

Novice Rider (first season showing Dressage) **Yes** _____ **No** _____

Horse(s) Name:
1.
2.
3.
4.

_____ I acknowledge I have read and understand the above information.

Signed _____ **Date** _____

*If you are under 18 years of age, provide a signature of an adult who will verify, and be responsible for, all of your ADA related paperwork.

Signed _____ **Date** _____

For Official Use Only			
New _____	Renewal _____	\$ _____	Check# _____
Received (date) _____	Postmarked (date) _____		