## WHATCOM COUNTY DRESSAGE & EVENTING ASSOCIATION

## 2020 MEMBERSHIP APPLICATION

Name: (First)	(Last)	(Mido	dle Initial)
	Date of Birth:/	_/	
Address:	City	·	Zip
Phone ()	E-Mail Addr	'ess:	
Emergency Contact N	Iame (and relationship)		
Emergency Co	ontact Phone Number		
Membership:(plea	ase check one) New #		USDF
	a member on our <u>website</u> ne and county of residen		
	for students). This include. This will include voting include voting include rates for WCDEA sponders residing at the s	ion for <b>members o</b> le our club) rship: ts with a valid ID a des full membershi rights in WCDEA af asored activities, an ame address may b	nly? YES NO  all year.\$50.00 if paid p in the WCDEA and a ffairs (for members 18 d email delivery of the pe added for \$10 each
Please list additional	family members to be ad	ded to your memb 	ership below:
<u>Mak</u>	benefits). for email delivery and \$15 se checks payable to <b>WCD</b>	age and eventing so per year for snail n DEA and mail to:	nail delivery.
We are always in need of vol No experience is necessary, ju Please mark the area(s) that in	ust your enthusiasm and v	willingness to help.	8226

Education \_\_\_Calendar \_\_\_Outreach \_\_\_\_Advertising \_\_\_Wherever needed!