

WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

COLORADO AFFILIATE

INDIVIDUAL OR FAMILY MEMBERSHIP APPLICATION

General Memberships expire on December 31.

Membership is 100% tax deductible

Date: ____ / ____ / ____

WDAA/ WDACO Membership

- Individual WDACO Member (must be a member of WDAA, Include WDAA membership number) - \$25
- Ind. WDAA Member (If already a WDACO member) - \$25
- Individual WDACO/WDAA Annual Renewal - \$50
- Family Membership - WDACO/WDAA \$85 ** see below
- Family Membership WDACO (must be a member of WDAA, Include WDAA membership number) \$60**

Make checks payable to:
WDACO
1322 Bailey Drive, Brighton CO 80603
info@wdaco.org

Online payments with Credit Card or PayPal
available at:
www.wdaco.org

WDAA membership # _____

CC Verification # _____

Check # _____

**** This family membership can include a spouse and children and they can attend WDACO clinics throughout the year at the membership pricing. However, if you have a family member that is not the Head of Household member and is planning on riding at the WDAA World Show or will be participating in the WDAA Lifetime Points & Awards program, that additional member must have their own individual WDAA/WDACO membership. Only the Head of Household Member will be a member of WDAA.**

INDIVIDUAL or HEAD OF HOUSEHOLD WDAA Member INFORMATION -PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: State: Zip: _____

Phone: _____ Email: _____

Please choose a password for the initial set-up. You may change the password once you are registered.

Password: _____

FAMILY Membership Only:

ADDL. Family Member/Child- Last Name: _____ First Name: _____ MI: _____

Age: _____ (if spouse no need for age)

ADDL. Family Member/Child- Last Name: _____ First Name: _____ MI: _____

Age: _____

ADDL. Family Member/Child- Last Name: _____ First Name: _____ MI: _____

Age: _____

ADDL. Family Member/Child- Last Name: _____ First Name: _____ MI: _____

Age: _____

Would you join us as a volunteer Yes No – Names of Volunteers _____

Did someone refer you Yes No If yes, whom _____

How did you hear about WDACO?

- WDACO Website WDACO Direct Mail Friend RMDS Horse Resource
- Breed Association Clinic, Newsletter or Direct Mail (which breed?) _____
- Riding Group Clinic, Newsletter or Direct Mail (which group?) _____
- Other (please list) _____