



NEW ENGLAND DRESSAGE ASSOCIATION

2010 MEMBERSHIP FORM



December 1, 2009 - November 30, 2010

NEDA has on-line membership! Go to www.neda.org/memdb/ - a valid e-mail address is required.

Members receive NEDA's newsletter, *A Tip of the Hat*; NEDA's yearbook, *The Salute*; and NEDA's Northeast Region *Omnibus Prize List*.

NOTE: Omnibus is Free for applications postmarked before 12/31/2009. For applications postmarked after 12/31/2009 the Omnibus will be mailed, as long as supplies last, only to those who include \$20 for each additional Omnibus to cover special handling.

Send completed form and check payable to NEDA to Tammy Paparella, 6 Pratts Junction Rd. Sterling, MA 01564.

Questions about memberships should be directed to Tammy at 978-422-2324 or email at tammy.neda@comcast.net.

NEDA MEMBERSHIP INFORMATION:
 New Address (list previous on back) New Name (list previous also)

Name:

Farm/Business:

Street:

City: State: Zip:

Day Phone: Eve. Phone:

Email:

USDF #: (If known)

FAMILY MEMBERSHIPS ONLY: (including Family Medal upgrades)
All Family members must join USDF

The USDF fee for Primary Family member and 1st Additional Family member is included in the NEDA fee. For all additional Family members you must include \$10/person regardless of existing USDF membership. Family membership may include 1 additional adult and up to 3 Juniors. Juniors/Young riders must be under 22 as of 12/31/2010.

1st Additional Family Member:	Date of Birth:	USDF#:	<input type="checkbox"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Junior
Additional Junior Name:	Date of Birth:	USDF#:	Add \$10
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
Additional Junior Name:	Date of Birth:	USDF#:	Add \$10
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
Additional Junior Name:	Date of Birth:	USDF#:	Add \$10
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____

ALTERNATE MAILING ADDRESS:
 (Note: All mailings will be sent to this address during the effective dates)

Street:

City: State: Zip:

Day Phone: Eve. Phone:

Start Date: End Date:

ADDITIONAL FEES:

<input type="checkbox"/> Medal Memberships only: Family upgrade	\$30	\$ _____
Includes first additional family member - enter name above		
<input type="checkbox"/> Omnibus (Postmarked after 12/31/2009 or additional Omnibus)	Number of Omnibus X \$20	\$ _____
<input type="checkbox"/> NEDA Decal (one decal free with membership)	Number of Decals X \$1	\$ _____
<input type="checkbox"/> NEDA Lapel Pin	Number of Lapel Pins X \$6	\$ _____
<input type="checkbox"/> Donation to NEDA Scholarship Fund		\$ _____

NEDA MEMBERSHIP TYPE:
 NEDA membership includes a Group Membership to the United States Dressage Federation (USDF)

Renewal New Member Lapsed Upgrade

<input type="checkbox"/> \$47 - Junior (under 22 as of 12/31/2010)	\$ _____
Junior Date of Birth: _____	
<input type="checkbox"/> \$62 - Senior	\$ _____
<input type="checkbox"/> \$92 - Family Includes 1 additional family member-add name above right	\$ _____
<input type="checkbox"/> \$117 - Bronze medal	\$ _____
<input type="checkbox"/> \$167 - Silver Medal	\$ _____
<input type="checkbox"/> \$267 - Gold Medal	\$ _____
<input type="checkbox"/> \$517 - Platinum Medal	\$ _____
<input type="checkbox"/> \$217 - Business Medal	\$ _____

Omnibus is free if postmarked before 12/31/2009, after, include \$20 per OPL. **TOTAL TO PAY: \$**

I DO NOT want to be added to any other postal mailing lists.

Please choose how you would like to receive the *Tip of the Hat* newsletter:
 Electronic Version OR Paper Version

Would you like to be added to NEDA's Email Announcements?
 If yes, please check which topics you would like to receive.
 Education / Clinics Sport Horse & Breeding Volunteer Opportunities

I DO NOT want to receive any e-mail communications from NEDA.

PAYMENT INFORMATION:
 Please note: a returned deposit item fee of \$25 will be assessed for all returned deposit items.

Check / Money Order #: Please make checks payable to NEDA.

If paying by credit card, NEDA recommends joining on-line at www.neda.org.

Visa Card #:

MasterCard

Discover Exp. Date: 3 Digit Code:

Name of card holder:

Address of card holder (if different from above):

Signature: