

OVCTA 2017 MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the Oley Valley Combined Training Association for the Year 2017. Membership expires on November 30th 2016. All memberships include group membership in the United States Dressage Foundation (USDF). Please mail your membership application form along with payment in the form of a check made payable to 'OVCTA' to: **OVCTA Membership Chair, Anne Rousak 2320 West Chester Rd. East Fallowfield, Pa. 19320.** For further questions you can contact Anne: Anne_Rousak@msn.com or 610 466 9601

Primary Member

Name _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work/Cell Phone: _____

Email Address: _____

Do you wish to receive club info by email? **Y/N**

Birth Date: _____

Additional Family Members Name: _____ DOB: _____

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No.

Primary Member ____ X \$50.00 = _____

Additional Family Member ____ X \$40.00 = _____

TOTAL DUE = _____

PLEASE MAKE ALL CHECKS PAYABLE TO 'OVCTA'

Pay your membership with PayPal account!

Visit Ovcta.org for details (under membership)

Please answer a few questions. Thank You!

Would you like to participate in OVCTA Team Competitions? **Y / N**

If so, which one? Event Teams ____ Dressage Teams ____

Can you volunteer at OVCTA Schooling Shows? **Y / N**

Can you volunteer at other OVCTA functions? **Y / N**

(For example: Annual Meeting, Summer Picnic, Clinics, etc.)

Would you like to be listed in the directory (for FREE!) as:

An instructor ____ XC Facility ____ Boarding Stable ____ Horse Service Provider ____

Please specify service (i.e. farrier, dentist, braiding, etc.) _____

OVCTA IS A USDF GROUP MEMBER ORGANIZATION (GMO). ALL OF OUR MEMBERS ARE AUTOMATICALLY USDF GROUP MEMBERS.



OVCTA is a USEA Affiliate Organization