

2011 ECRDA Membership Application

Please check here if:

- New Member
 Renewal
 New address/phone #

Date: _____

*Please circle if
Senior / Junior / Golden Cup*

Name: _____ Date of Birth: _____ SR / JR / GC

DOB required for Juniors and Golden Cup Riders. Requested for all others so we may honor you in our Happy Birthday column. Additional family members at same address who wish to be ECRDA members:

Name: _____ Date of Birth: _____ SR / JR / GC

Name: _____ Date of Birth: _____ SR / JR / GC

Name: _____ Date of Birth: _____ SR / JR / GC

Address: _____
Trainer: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

<input type="checkbox"/> Life Member	\$500.00
<input type="checkbox"/> Senior Individual	\$ 50.00
<input type="checkbox"/> Golden Cup Rider	\$ 50.00
<input type="checkbox"/> Junior Individual	\$ 45.00
<input type="checkbox"/> Family Membership	\$ 50.00 for first person, \$20.00 each add'l person at same address
<input type="checkbox"/> Business Sponsor/Affiliate	_____ business card \$ 90 / yr

For your information:

- * Annual membership begins on November 1st and ends on October 31st.
- * Newsletters are mailed monthly except for double issues in the winter.
- * Membership cards are NOT issued. Numbers are printed on newsletter label.
- * ECRDA board meetings are held each month and are open to all members. Call any Board member for monthly dates and directions if you wish to attend.
- * ECRDA is a USDF Group Member Organization. All members are automatically USDF Group Members.

Please mail your completed application and check or money order payable to ECRDA to:

Iris Biely
5 Stanley Place
Jackson, NJ 08527
(732) 928-3069