



2019-2020 SEDRA MEMBERSHIP APPLICATION
 (SEDRA membership runs from June 1st thru May 31st)

NEW _____ RENEWAL _____ SEDRA # _____ ROOKIE? Y _____ N _____

NAME: _____ **DATE OF BIRTH (if Junior)** _____

(For Junior Only Memberships, List Parent/Guardian Address and Contact Info Below.)

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ADDITIONAL FAMILY MEMBERS:

NAME: _____ **ROOKIE? Y ___ N ___** **SEDRA #** _____ **Date of Birth:** _____

NAME: _____ **ROOKIE? Y ___ N ___** **SEDRA #** _____ **Date of Birth:** _____

(List additional Family Members on back of form.)

For Junior Only Membership-Parents/Guardians Name _____

Junior Sponsor Name and Contact Info _____

EMAIL ADDRESS _____

DISTANCE NOMINATION – Horse, Mule, Pony

NAME OF HORSE: _____ **ROOKIE? Y ___ N ___**

NICKNAME: _____ **AGE (Date of Birth)** _____ **BREED:** _____ **REG.#** _____

NAME OF OWNER: _____ **HORSE SEDRA #** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

(List additional horses for hi-point and distance nomination on back of form.)

ANNUAL DUES: (Please Check One)

\$40 Family _____ \$30 Single _____ \$10 Junior _____

Non-Competing: \$10 Single _____ \$15 Family _____

LIFETIME Equine Distance Nomination - \$25 per horse. _____

DISCOUNT Horse & Pony Subscription - \$10 in FL, \$12 outside of FL per year: _____

I would like to donate to the:

- **Volunteer Fund** _____ (Tax Deductible) _____
- **Trail Preservation Fund** _____ (Tax Deductible) _____
- **Education Fund** _____ (Tax Deductible) _____

___ **I would like** to Sponsor a _____ Award _____

___ **I do not** want to be included in the printed directory

___ **I want** to be included in the printed but exclude the following information: (all included otherwise)

_____ Address/City/State/Zip _____ Telephone Number _____ Email address

DATE: (IMPORTANT!) _____ **TOTAL ENCLOSED \$** _____

Make checks payable to SEDRA. Mail check and Application to:
Caren Stauffer, Treasurer, 181 Riverwoods Dr. , Chuluota, FL 32766

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SEDRA Use Only: DATE: _____ BY (INITIALS): _____ CHECK #/CASH/CC _____ AMOUNT \$ _____