



# SEDRA MEMBERSHIP APPLICATION

(SEDRA membership runs from June 1<sup>st</sup> thru May 31<sup>st</sup>)

Use Paypal/Credit Cards on our Online Membership App at:

<https://www.distanceriding.org/sedra-forms/sedra-membership-application>

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. \_\_\_\_\_

## 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 E-Membership Directory (emailed to members only)

\_\_\_\_ I want to be included in the E-Directory 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 or  
mail Application and send payment through PayPal: [sedrapayonline@gmail.com](mailto:sedrapayonline@gmail.com)

Use Paypal/Credit Cards on our Online Membership App at

<https://www.distanceriding.org/sedra-forms/sedra-membership-application>

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