



2024 ENYDCTA Membership Form

The period of membership is December 1 through November 30.

Year Joining 2024 or 2025 (2024 starts 12/1/23; 2025 starts 12/1/24)

MEMBER INFO

(please print)

Name: _____

*Would you like your contact information shared in a membership directory? Yes No

Barn Name _____

Street: _____

City/State/Zip: _____

Phone: _____

Email: _____

Jr./YR only - Date of Birth: _____

USDF Number: _____

Returning members, has your information changed? Yes No

MEMBERSHIP TYPE (Please check the boxes that apply for you, membership type and Piaffe Flyer option)

Individual Adult: \$60 per person

Includes GMO membership, USDF Connection magazine, discounts at some ENYDCTA sponsored events, *Piaffe Flyer* newsletter, and eligibility for Scholarships & Year End Awards Program. 5 classified posts per year

Individual Junior Member (Under 21): \$40 per person

Includes GMO membership, USDF Connection magazine, discounts at some ENYDCTA sponsored events, *Piaffe Flyer* newsletter, and eligibility for Scholarships & Year End Awards Program and EYE membership. (Please make sure to include your DOB above)

Business: \$85 (please include one (1) name for the GMO membership; cannot be the business name)

Same benefits as 1 individual adult membership plus: 2 Business Card ads in the *Piaffe Flyer*, half page ad in the ENYDCTA membership directory, addition of your website URL to ENYDCTA members directory, and your event listing in the ENYDCTA events listing on the website. Volunteer hours at your event counts towards YEA for the volunteers.

Household membership: \$60 primary member, \$30 each additional member (Additional Household or 'AH') residing at the same physical address.

Please accept my \$5 contribution towards the cost of printing the *Piaffe Flyer*

Save a tree: I do not want to receive a free printed copy of the *Piaffe Flyer*

Primary Member: _____

Additional Household (AH): _____

Business Website: _____

AH: _____

Business Name: _____

AH: _____

TOTAL MEMBERSHIP FEES

Membership Fee Total _____

Paying by Check (please make all checks payable to ENYDCTA, Ltd.)

Paying by credit card: Card Type: MC Visa
Card #: _____

Exp. Date: _____. CVC ____ (3 numbers on the back)

Name on card _____

Mail Completed Form and Check payable to ENYDCTA, Ltd. (unless paying by credit card) to:
Jennifer Saunders, 603 Stony Brook Road Schoharie, NY 12157