## **CDCTA MEMBERSHIP APPLICATION** (Application can also be completed online at <u>CDCTA.com</u> with credit card payment)

MEMBERSHIP FEES						
Single Member (\$70) Each Additional Family Member (\$30)   Family Member > Total Number of Family Members   Life Member (\$700) (Example: Family of 3 = \$70 + \$30 + \$30 = \$130)					\$130)	
Total Dues Enclosed \$ Please DO NOT send cash! — Dues received after October 1 will be credited toward the following year. If you would like to make a tax-deductible contribution to CDCTA, please list it here. \$						
MEMBER INFORMATION (please print clearly)						
Member Name			(re	te of Birth quired by USD USDF #		
City		_ Sta	ate	Zip Code _		
E-Mail	il Home Phone			Cell Phone		
ADDITIONAL FAMILY MEMBERS						
lame Date of Birth						
Name	Date of Birth					
ame Date of Birth						
How would you like to receive the CD0	CTA monthly news	sletter? (circle	e one)	E-Mail	Mail	
Please circle roles in which you are willing to volunteer (volunteer time is required to qualify for Year-Endawards):						
Manager Secretary	Steward	Scribe	Fence Judge	Timer	Clinics	
Scorer Jump Crew	Silent Auction	Runner	Hospitality	Sponsor	Trophy	
CDCTA Membership term is January 1—December 31, and includes the USDF GMO Membership Fee of \$23 for primary members and \$10 for each associate (family) member. Please DO NOT reduce your CDCTA membership fee if you already belong to USDF—this is NOT a member option. Your CDCTA membership will be processed when dues have been paid in full. ***********************************						
Leesburg, VA 20175						