



# UNITED STATES DRESSAGE FEDERATION™

USDF

## Group Member Roster Update Form

Use this form to submit new members of a USDF Group Member Organization (GMO), renewing members throughout the year, or an initial roster submission.

Only one name should be given per block. If there is more than one person in a family, print or type the additional names in additional blocks, and put "same" for the address and contact information. Please make sure to mark each member as an Individual/Primary Family Member or Supporting Family Member. The name of a business or stable may be included as part of the address, but membership will be issued only in the name of an individual, not a farm, stable, or business. Please submit the entire date of birth (if available). If the USDF number is known please include it on this form.

USDF GMO Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Group Number: \_\_\_\_\_ Date: \_\_\_\_\_

These members are being submitted for the membership year: \_\_\_\_\_

Dues: \$25.00 x \_\_\_\_\_ (# of Individual/Primary Members) + \$12.00 x \_\_\_\_\_ (# Supporting) = \$\_\_\_\_\_ enclosed

Please print clearly or type all names and addresses.

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	
<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	

<input type="checkbox"/>	Individual/ Primary	USDF #	First Name	Middle Name	Last Name
		Address			
<input type="checkbox"/>	Supporting	City	State	Zip	
		Phone	E-mail Address	Birth Date	