



**VADA/Nova Membership Form
December 1, 2016-November 30, 2017**

(also available on our web site: www.vadanova.org)

VADA is a USDF Group Member Organization. Members automatically become USDF Group Members

Name: _____ New _____ Renew _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

E-mail (**Please print clearly**): _____ (see below)

USDF# if known: _____ Junior riders please give DOB (mo./day/yr.): _____

_____ Mark here if you **DO NOT** want your information published in the Green Book

_____ Mark here if you **DO NOT** want to receive the VADA/Nova E-News. Please, do not let us put you on our email list and then have our emails marked as "junk" or "spam." Thank you.

Newsletter Options (please mark one):

_____ I wish to receive my newsletter as a paper copy

_____ I prefer to read the newsletter online and do not need a paper copy (make sure you have viewed the newsletter at www.vadanova.org and are able to download it)

Indicate your primary VADA chapter: (You may belong to more than one chapter, but the primary chapter is responsible for sending your dues to USDF.)

NOVA _____ ShenVADA _____ SWVADA _____ VADA-CH _____ VADACC _____ VADAF _____ NEVADA _____ SVDA _____

Additional Family Members:

Name _____ E-mail _____ DOB if Jr _____ USDF# _____

Name _____ E-mail _____ DOB if Jr _____ USDF# _____

Name _____ E-mail _____ DOB if Jr _____ USDF# _____

—————> For Family Membership, please designate one person as the **Primary Family Member**

Payment Information:	QTY		Unit Price		Fee
Individual or Primary Family Member	_____	X	\$60	=	\$_____
Additional Family Members	_____	X	\$25	=	\$_____
Total					\$_____
Amount paid using VADA/Nova volunteer bucks. (please enclose bucks)					\$_____
Total US dollars enclosed.					\$_____

Make checks payable to VADA/Nova Inc. and mail to:

**Barbara Pickering
VADA/Nova Membership
PO Box 354
Haymarket, VA 20168-0354**