ALOHA STATE DRESSAGE SOCIETY

2026 ASDS MEMBERSHIP APPLICATION (Valid 12/01/25 through 11/30/26) THIS ORGANIZATION IS A USDF GROUP MEMBER ORGANIZATION. ASDS MEMBERS ARE AUTOMATICALLY USDF GROUP MEMBERS and will receive a USDF GMO membership card. Exception: Affiliate Members

MEMBERSHIP FEES: All riders and owners (or lessees) of horses participating in ASDS sponsored events **must** be current ASDS members to be eligible for participation in ASDS year-end awards programs. \$250.00 5-Year Membership Individual (Senior) \$60.00 Individual (Senior) (\$10 discount for Pony Club Members) \$40.00 Individual (Junior-18 years and under) (\$10 discount for Pony Club Members) Affiliate Membership (Note: This is a non-competing membership which allows participation \$25.00 in clinics, schooling shows, and other events, but does not confer a USDF GMO membership) HORSE REGISTRATION FEES: Horses must be registered with ASDS to be eligible for participation in ASDS year-end awards programs. \$75.00 Lifetime (Per Horse; for the life of the horse) Annual (Per Horse) \$20.00 \$10.00 Registration transfer (Transfers ASDS horse registration from previous owner to new owner) TO ENSURE PROMPT RETURN OF YOUR 2026 MEMBERSHIP, SEND A SELF-ADDRESSED STAMPED ENVELOPE WITH THIS APPLICATION. Make Checks Payable to ASDS and mail to: PO Box 342, Kailua, HI 96734 Joining in October 2025 will extend your membership through the 2026 membership year. **MEMBERSHIP APPLICATION: (Please use a separate form for each member)** JR/YR Adult Current ASDS No: Name: Address:___ State Street City Zip Home Work Cell Email Address Birth date: If under 21 or Vintage: _____ USEF No: ____ USDF No: ____ Member Signature: _____Application Date:____ Signature of Parent if under 18 years: Please check if you DO NOT want to share your contact information on the ASDS membership list HORSE REGISTRATION: (Please use a separate form for each horse. Complete if this is a new horse, annual registration or upgrading to Lifetime). If horse is already Lifetime, leave blank. Registration (check one) Life Annual ASDS # If transfer, name of previous owner: Horse's Name: ______ Breed: _____ Age: Sex: Color: Markings: Owner or Lessee (Please check one box; if Lessee, please attach a copy of the written lease agreement for this horse. If written agreement is not available, the horse's owner must be a current member of ASDS) Name of Owner/Lessee: Horse's USDF No:

> VOLUNTEERING: Please get involved! Contact the show manager or any ASDS Board member. Check out our website: www.alohastatedressage.com

Total Fees Enclosed

FEES: Membership \$ + Horse Registration: \$ + Donation \$ = \$ | Voluntary = \$ | Voluntary