

**VADA/Nova Membership Form**  
**December 1, 2008-November 30, 2009**

(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 (circle one)

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.): \_\_\_\_\_

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

Check 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.

**Circle 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      VADAC      VADACC      VADAF      NEVADA

**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**

\*\*\*\*\*

<b>Payment Information:</b>	<b>QTY</b>		<b>Unit Price</b>		<b>Fee</b>
Individual or Primary Family member	_____	X	\$50	=	\$_____
Additional Family Members	_____	X	\$25	=	\$_____
<b>Total</b>					<b>\$_____</b>
<b>Amount paid using VADA/Nova volunteer bucks.</b> (please enclose bucks)					<b>\$_____</b>
<b>Total US dollars enclosed.</b>					<b>\$_____</b>



**Make checks payable to VADA/Nova Inc. and mail to:**  
**Barbara Pickering**  
**VADA/Nova Membership**  
**PO Box 354**  
**Haymarket, VA 20168-0354**

