



## RDDA Membership Form

Please complete the following form and mail it with your payment to:

Charlene Roenspiess, RDDA Treasurer, 842 Callander Cres., Regina, SK, S4X 1Z3  
(Please make cheques payable to the RDDA)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_  
(Please indicate if #is unlisted)  
City: \_\_\_\_\_  
Email: \_\_\_\_\_

May we give your contact information to other groups organizing shows, clinics, etc.?  Yes  No  
Would you prefer to receive newsletters, clinic announcements, prize lists, etc. by email?  Yes  No

### **Type of Membership:**

- Family\*** @ \$20 + \$5 ea. per family member  
(\*A family membership is defined as parent(s) / guardian(s) & children under the age of 18)

Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Individual** @ \$20

Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your feedback is important to us! Please let us know what you think about your Club, its activities, etc. and/or how you would like to be involved in your Club. We welcome your suggestions!

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