



2013 RDDA Membership Form

Please complete the following form and mail it with your payment to: Ron Schneider, #228 – 65 Westfield Drive,
(Please makes cheques payable to the RDDA) Regina, Sask. S4S 6A3

Name: _____ Date of Birth: _____

Address: _____ Home Telephone #: _____
(Please indicate if phone # is unlisted)

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 (*A family membership is defined as parent(s) / guardian(s) & children under the age of 18)

Names: _____ Date of Birth: _____

Individual @ \$15

Name: _____ 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!
