



RDDA Membership Form

Please complete the following form and mail it with your payment to:
Deborah Williams, 4318 Dewdney Ave., Regina, Sask.S4T 1A8

(Please makes cheques payable to the RDDA)

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 + \$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

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!



**Saskatchewan
Horse Federation**