**YEDA Associate Membership Form**

**2023-2024**

*All completed transactions will be processed*

*in the order in which they are received.*

***Please allow fifteen business days for processing***

*Examples of Associate Membership:*

*Show Stewards, Show Secretaries, Paddock Manager, Ring Stewards, Announcers, Any Paid or Volunteering member who is in the position of staff and decision making for a horse show.*

*Individuals who plan to assist EWD riders at a horse show in the show ring.*

 **Payment of $30 fee must be accompanied with this form**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| Street Address City State Zip  |
| **Phone Number:** |  | **Email:** |   |
| **Emergency Contact** |  | **PH:**  |  |
| **YEDA Code of Conduct**By registering as a m member in YEDA you agree to the following:* Know the current YEDA rules and abide by them.
* Put the emotional and physical wellbeing of All YEDA riders, staff, and coaches ahead of your personal desire to win.
* Respect all YEDA staff and officials and refrain from questioning them in a disrespectful or abusive manner.
* Maintain control over your emotions and avoid language, actions, or gestures that could be interpreted as disrespectful, demeaning, hostile, or humiliating.
* Set the example of being humble and generous when winning, and proud and courteous in defeat.
* Ensure that all riders, parents, and other personal associated with your team always demonstrate good sportsmanship and maturity.
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| **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Make Checks out to: YEDA****Mail Form to:**Debbie Arnold2415 State Route 603Ashland, OH 44805 | **For Questions Contact Debbie Arnold (CFO)****Phone:** 419 – 566 – 6589 **Email:** DArnold@showyeda.com |