**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**

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| --- | --- | --- | --- | --- | --- |
| **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. | | | | | |
| **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Make Checks out to: YEDA**  **Mail Form to:**  Debbie Arnold  2415 State Route 603  Ashland, OH 44805 | | **For Questions Contact Debbie Arnold (CFO)**  **Phone:** 419 – 566 – 6589  **Email:** DArnold@showyeda.com | | | |