

AZ Driving & Carriage Society Membership Form

\$30: Individual _____ **OR Family Membership** _____ (Same household , one e-mail)

Please print clearly!

Member Year: Jan 1-Dec 31 Choose your member year: 2025___ 2026___ Other_____

ALL NAMES: _____

Address: _____ City _____

State _____ Zip _____ **Alternate/seasonal Address:** _____

City _____, State _____ Zip _____ (from _____ to _____)

Phone(s): _____

E-Mail (please print very clearly) _____

Horse /driving related business/service listing for the directory: Name: _____

Info: _____

Junior Driver(s): _____

Helmets mandatory at all events for EVERYONE riding on any carriage/cart

Safety vest required (*above Green Driver training level for ADT obstacles) for HDT/CDEs for all drivers & navigators

I acknowledge responsibility for wearing protective gear appropriate for equine activities to ensure safety. Under Arizona law (ARS12-553) an equine activity event/sponsor/professional shall not be liable for any injury to, or the death of, any participant in equine activities resulting from the inherent risk of equine activities.

Signature(s) _____

This is an organization in need of many volunteers to make possible the many club activities. Please indicate below where you might be able to lend a hand, and how you would prefer to be contacted.

Running for a Board position? _____ Event Management (Show/CDE/ADT/HDT) _____
Liaison to other clubs/organizations/publications-to distribute our club calendar/event info _____

Be on a committee or help with: Pleasure shows: ___ Recreational Drives: ___ HDT/CDEs: ___ Beginners Clinics: ___
ADTs: ___

Volunteer at CDE/ADTs: Northern AZ ___ Central AZ ___ Southern AZ ___

Photographer for events _____ Help with fundraising/Prizes _____

CONTACT ME BY PHONE _____ EMAIL _____

I am qualified/experienced in the following activities & could officiate/work as:

Dressage or Combined Driving Judge _____ Pleasure Judge _____ ADT Obstacle Judge _____

Dressage Scribe _____ Course Designer _____ ADT Cones Judge _____

Technical Delegate _____ Driving Clinician _____

Cones Course Designer _____

YOU MUST BE A CURRENT CLUB MEMBER TO COMPETE IN ANY ADT EVENT, OR TO BE ELIGIBLE FOR YEAR END AWARDS.

Lifetime Family Membership available: \$1000 donation E-mailed newsletter with color photos: **No Charge**

MAKE CHECK/Money order PAYABLE TO: A.D.C.S. FOR \$30 for each membership year selected.

MAIL TO: ADCS SECRETARY, M. Fetherston, 2500 E. HUNTER DRIVE, GILBERT, AZ 85298-8467