



2024 WDASA

Membership Form

Single Membership \$25.00
(1 person any age)

Family Membership \$40.00
(1 Family member over the age of 18 & additional family members under the age of 18)

Renewal

New Member

Please Print

Rider Name: _____

Address: _____ Province: _____

City: _____ Postal Code: _____

Phone # _____ *AEF # _____

Email Address: _____

(WDASA club updates will be sent to this email address provided)

*** Please note current AEF Membership is mandatory to participate in any WDASA Event**

Additional Family Member Names:

Age as of Jan 1, 2024

Email completed membership form to info@wdasa.ca

Please send E-Transfers also to info@wdasa.ca

Be sure to include your name in the message of the E-transfer

Applicant Signature _____

Date: _____

Total Payment of \$ _____

* Please note: In order for scores to be eligible for WDASA year end awards, rider must have a valid WDASA membership PRIOR to the show in which scores are obtained.

For more information please visit our website www.wdasa.ca.
Also be sure to follow our Facebook Page for the most up to date information.