CHECK#_____

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: 2026___ 2027___ 2028___ 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