

MDC Membership – Fillable Information Page - 2026

Complete the fields below. Membership is valid from Dec 1 till Nov 30 of the listed year.



Membership Type (required) Single Family

Primary Contact (Member or Parent/Guardian for minors): _____

Contact/Member Name (required): _____

Street Address (required): _____

City (required): _____

State (required): _____

ZIP (required): _____

Email (required): _____

Phone (required): _____

Emergency Contact Name (required): _____

Emergency Contact Phone (required): _____

Rider/Horse Combinations (choose Rider Level):

Combo 1 Rider Name: _____ Horse's Name: _____
Rider Level: Junior Adult Amateur Professional

Combo 2 Rider Name: _____ Horse's Name: _____
Rider Level: Junior Adult Amateur Professional

Combo 3 Rider Name: _____ Horse's Name: _____
Rider Level: Junior Adult Amateur Professional

Combo 4 Rider Name: _____ Horse's Name: _____
Rider Level: Junior Adult Amateur Professional

Volunteer Interests (optional):

Fees:

Base Dues (\$):

Add-ons (\$):

Discount (\$):

TOTAL DUE (\$):

Agreement (required): I agree to the MDC membership terms and rules.

Signature (required): _____ Date (MM/DD/YYYY): _____