



E-FORM OF INTENT TO FORM A REGIONAL CHAPTER WITH WSDAC

NAME OF CHAPTER REPRESENTATIVE: _____

ADDRESS OF CHAPTER REPRESENTATIVE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER(S):	Home:	Mobile:	Business:
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As parties interested in forming a Regional Chapter within WSDAC we declare our intent and willingness to follow the procedures and guidelines of WSDAC, to use WSDAC developed and approved patterns for training, shows and testing, and to generally adopt the attitude of WSDAC toward riding Western Style Dressage. Yes No

I, _____, declare that all applicants and directors named herein are current members of the Western Style Dressage Association of Canada and are in good standing with the Association.

Names of 5 WSDAC members intending to form this Chapter:

1. _____
2. _____
3. _____
4. _____
5. _____

Names of the 3 intended Directors:

1. _____
2. _____
3. _____

Proposed name of this Regional Chapter: _____

Description of the geographical area for this Regional Chapter:

- _____
- _____
- _____
- _____
- _____

As the Representative of this group wishing to form a regional Chapter within WSDAC, I agree that if we use the words or phrase "Western Style Dressage" in our Chapter name, and if at any time this Chapter is not recognized by WSDAC, either because we choose to disassociate from WSDAC or for failing to be in good standing with WSDAC, then the name of the Chapter will be changed. The words or phrase "Western Style Dressage" cannot be a part of the new name or be used as part of any literature, advertising or any other written material issued by the new organization or any other means of communication including but not limited to articles in ezines, magazines, names of events, clinics, shows or demonstrations of horses trained in the context of Western Style Dressage.

Yes No