



# American Donkey Association

## Initial Membership Application



As stated in the Constitution and By-Laws of the American Donkey Association:

Membership requires an individual to be at least 18 years of age (except for Youth Members—see below);

**Full Members:** A Full Member has full voting rights and agrees to participate in two ADA activities per year and considered to be in “good standing”. Participation in activities includes; attendance at an ADA sponsored show or activity, providing assistance at an ADA sponsored show or activity, contribution of an article for educational purposes, holding of an Officer position, assistance with ADA operations or other activities as determined by the Board of Directors. To be a Full Member requires the applicant to be sponsored by two existing Full Members and voted on by the Board of Directors for acceptance.

**Associate Membership:** All benefits of a Full Member are available to an Associate Member except for the right to vote, hold office or serve on a committee. **This Membership level does NOT require a sponsor.**

**Family Membership:** A Family Membership can be for a Full Membership or an Associate Membership. All individuals that live in the same residence qualify for a Family Membership and are entitled to the full benefits and privileges of the respective Membership they are eligible for. The Family Membership may include all adult individuals and children living in a household as of January 1 of the membership year.

**Youth Membership:** An individual 18 years old or younger as of January 1 of the membership year may apply for a Youth Membership separate from a Family Membership. No Youth Member may vote, hold office or be a committee chair person of ADA, except with respect to a Youth Committee, should one be established and be operationally active.

***Type of Membership:***

Dues to be paid annually.

Full Membership (\$20.00 per person)

Associate Membership (\$15.00 per person)

Junior Membership (\$5.00 per person)

Family Full Membership (\$35.00 per family)

Family Associate Membership (\$30.00 per family)

**Referred by:**

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**Applicant Information:**

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**Name of Applicant**

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**Name of Family Members (For Family Membership)**

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**Address:**

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**Phone number(s)**

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**E-mail address**

**Website**

**Please provide Birthdays of Member(s) no need to include year.**

Name	Date	Name	Date

**For Full Membership, please complete the following questions (other Membership levels skip to signature section): NAME AND ADDRESS OF TWO SPONSORING FULL MEMBERS:**

**Endorser #1 Name:**

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**Endorser #2 Name**

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**Background Info:**

Why do you wish to become a member of the American Donkey Association?

- |                        |                      |                                     |
|------------------------|----------------------|-------------------------------------|
| Information on Donkeys | Attend Donkey Shows  | Learn to Drive/or Continue to Drive |
| Promote Donkey Welfare | Contacts with Others | Other (Explain Below)               |

**Other:**

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What facet(s) of Donkey activities interest you the most?

- |               |                       |                |       |
|---------------|-----------------------|----------------|-------|
| Showing       | Driving               | Equine Therapy | Other |
| Companionship | Other (Explain Below) |                |       |

**Other:**

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Do you have active memberships in other equine related clubs? If yes, please list the name of the Clubs and Offices held:

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Do you object to your name and farm name appearing on the American Donkey Association Website, as a Member?  
**Yes                      No**

**Signature (Applicable for All Membership Levels)**

I certify that the information given in this application is true and complete. I agree to abide by the American Donkey Association By-laws and rules established by the Board of Directors.

For a **Full Membership**, I hereby submit this application to the Board of Directors of The American Donkey Association for their consideration. I will be notified once the Board of Directors have voted on my application for membership. If accepted, I agree to abide by the American Donkey Association By-laws and rules established by the Board of Directors.

**Applicant's Signature**

**Date**

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**Applicant's Printed Name**

**Payment Method:** (All prices Stated in US dollars)

- Cash
- Check payable to American Donkey Association (US funds only). Any check dishonored by a bank and returned to ADA will be subject to a charge of \$20.00.

**Received By**

**Date**

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**Send Dues to:**

American Donkey Association  
Sally Lightner  
161 Huffer Road  
Winchester, TN 37398

