

2022 GYPSY HORSE SHOW ASSOCIATION MEMBERSHIP FORM

PLEASE PRINT CLEARLY & LEGIBLY – THIS IS YOUR CONTACT INFORMATION!

Please make checks payable to the: Gypsy Horse Show Association and mail this Membership form and payment to:

Wendi Everingham, Treasurer, 13441 Davidson Road, Diana, TX 75640

or email form to ghsasouth@gmail.com & payment via PayPal to ghsasouth@gmail.com

MEMBERSHIP TYPE (check one): Annual: ___ Individual \$20 ___ Family \$50 ___ Youth \$10 ___
Annual Farm, Corporate or Association \$250 (include point of contact below) ___
Lifetime Member \$500 ___ Lifetime Family \$600 ___

Please see GHSA By-Laws or Rule Book for details on each membership type.

Each member’s dues shall be divided between the National Association and the Region of the member’s main residence as stated on the member’s application. For 2022, the division of the dues shall be 70% to the member’s Region and 30% to the National Association. If a member is in a Region and/or State that does not have an active/existing organization, those funds shall be escrowed by the National Treasurer until such time as an active organization is in place to receive and utilize the funds.

Name: _____

Farm/Business Name: _____

Home Address: _____

Physical Address City State Zip: _____

Mailing Address (if different from above): _____

Phone: _____ Email: _____

I am eligible and will be showing as an Amateur per 2022 GHSA rules _____ Initial

FOR FAMILY MEMBERSHIPS PLEASE LIST ALL IMMEDIATE FAMILY MEMBERS (MUST PERMANENTLY RESIDE IN SAME HOUSEHOLD) TO BE INCLUDED IN YOUR MEMBERSHIP:

Name: _____ Age: ___ Name: _____ Age: ___

Name: _____ Age: ___ Name: _____ Age: ___

Name: _____ Age: ___ Name: _____ Age: ___

Upon submission of this membership application, I fully agree to read & abide by all of the GHSA rules and regulations as stated in the current year’s rulebook.

HOLD HARMLESS AGREEMENT: Due to the nature of equine activities, a HOLD HARMLESS AGREEMENT MUST BE SIGNED. I/We, the undersigned, will not hold the Gypsy Horse Show Association nor any of its Board of Directors, Officer or Regional affiliates liable for any injuries incurred to any persons or animals. I/We, the undersigned, will allow the release of any images/photos used for GHSA advertising and marketing throughout 2022.

PRINT NAME: _____ SIGNATURE: _____

For Youth Only – PARENT/GUARDIAN PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Date Received _____ Payment Received _____ Region: _____ Member# _____