



# GYPSY HORSE SHOW ASSOCIATION MEMBERSHIP FORM

Revised Dec 28, 2025  
Approved by Board of Directors

**MEMBERSHIP TYPE: (please check one)** Please see the current GHSA By-Laws or Rule Book for details.

**ANNUAL:** \_\_\_\_\_ Individual \$35 \_\_\_\_\_ Family \$50 \_\_\_\_\_ Youth \$20

\_\_\_\_\_ Farm, Corporate or Association \$250 Include Point of Contact below

**LIFETIME:** \_\_\_\_\_ Lifetime Member \$500 \_\_\_\_\_ Lifetime Family \$600

**AMATEUR STATUS: (You must sign if declaring you are an Amateur.)**

I am eligible to show as an Amateur during the current show season in accordance with the GHSA Rules. I have read the qualification rules and am eligible.

**Signature:** \_\_\_\_\_

\*\* All membership dues received (regardless of region) will be allocated to the National GHSA account.

**NAME/REPRESENTATIVE:** \_\_\_\_\_

**FARM/BUSINESS NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FAMILY MEMBERSHIPS:** Immediate family members only and must reside permanently in the same household to be eligible for this membership type.

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, **THIS HOLD HARMLESS STATEMENT MUST BE SIGNED.** I/WE, the undersigned will not hold the Gypsy Horse Show Association nor any of its Board of Directors, Officers or Regional Affiliates liable for any accident or injuries incurred to any persons or animals. I/WE, the undersigned, will allow the release of any images/photos used for GHSA advertising and/or marketing throughout the year and understand and agree to abide by the Code of Conduct and Rules of this association.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/202\_\_\_\_

**YOUTH ONLY: PARENT/ GUARDIAN PRINT NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/202\_\_\_\_

**YOUTH AGE AS OF Jan 1st:** \_\_\_\_\_ **YOUTH DATE OF BIRTH:** \_\_\_\_\_

**If returning by MAIL** - Please make checks payable to the Gypsy Horse Show Association and send form and payment to:

GHSA  
P.O. Box 1347  
Denison, TX 75021

**If returning by EMAIL** - please email the form to [GHSASouth@gmail.com](mailto:GHSASouth@gmail.com) and Submit PayPal payment to [GHSASouth@gmail.com](mailto:GHSASouth@gmail.com) or Venmo @GHSASouth

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Circle one: CHECK PAYPAL VENMO