



GYPSY HORSE SHOW ASSOCIATION MEMBERSHIP FORM

Revised Dec2024
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: _____

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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 the secretary at ghsamembershipinfo@gmail.com and Submit PayPal payment to ghsasouth@gmail.com

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FOR OFFICE USE ONLY:

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