MEMBERSHIP T	YPE: (please cl	neck one) Pleas	se see the curr	ent GHSA By-Laws	s or Rule Book fo	r details.
ANNUAL:	Individual \$35	<u> </u>	Family \$50	Y	outh \$20	
LIFETIME:	Farm, Corpo Lifetime Mem	rate or Associati ber \$500	ion \$250 Includ Lifetim	de Point of Contact ne Family \$600	below	
AMATEUR STATE I am eligible to s have read the qu	how as an Amate	eur during the cu		Amateur.) ason in accordance	e with the GHSA	Rules. I
Signature:						
**Each member's o as stated on the m				ion and the Region c clarification.	of the member's ma	ain residence
NAME/REPRESEI	NTATIVE:					
FARM/BUSINESS	NAME:					
PHYSICAL ADDR	ESS:					
household to be	eligible for this m	embership type.		must reside perma	·	
Name:		Age:	Name:		Age: _	
Upon submission regulations as sta		• • •		read & abide by a	ll of the GHSA ru	les and
MUST BE SIGNED of Directors, Office I/WE, the undersign	D. I/WE, the unde ers or Regional A gned, will allow th	rsigned will not l Affiliates liable fo ne release of any	hold the Gypsy or any accident oimages/photo	ivities, <i>THIS HOLD</i> of Horse Show Assoc or injuries incurred s used for GHSA ad ode of Conduct and	ciation nor any of d to any persons d dvertising and/or i	its Board or animals. marketing
PRINT NAME:		SIGI	NATURE:		DATE:/	/202
YOUTH ONLY: PA	ARENT/ GUARDIA	N PRINT NAME:				
PARENT/GUARDI	AN SIGNATURE:				DATE:/_	/202
	L - Please make che GHSA P.O. Box 1347 Denison, TX 750	cks payable to the 0 21 e form to the secreta	Gypsy Horse Shov	w Association and send		
				•••••		
FOR OFFICE US	DE UNLT:					

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