



Application for Membership
Gold Coast Dressage Association



November 01, 2017 thru October 31, 2018

This organization is a USDF Group Member Organization and this organization's members are automatically USDF Group Members.
To avoid mistakes in our Membership Directory, please print clearly! Thank you.

First name: _____ Last name: _____ Middle: _____

Address _____ Apt. # _____

City: _____ State _____ Zip _____

Home () _____ Cell () _____

E-Mail Address: _____

As a member of the Gold Coast Dressage Association, Inc., I agree to be bound by the Constitution and By-Laws, rules, regulations, decisions, and motions lawfully adopted under said Constitution and By-Laws of the Association.

Date: _____, 20____ Signature: _____
 (If you are under the age of eighteen years, the application must be signed by you and your parent/guardian.)

Parent/Guardian Name (Please print): _____

Signature of Parent/Guardian: _____

ARE YOU A TRAINER? YES NO

GCDA Membership Number _____
 (if known)

This is a: New or a Renewal Application

USDF Membership Number _____
 (if known)

Please renew prior to: **NOVEMBER 1** Dues cover your membership from **NOVEMBER 1** thru **OCTOBER 31**

Individual: Senior: \$75.00 Junior: \$50.00 Birth date ____/____/____
 (Required by USDF)

Full date of birth required for USDF GMO member filing!

- ▶ 8 HOURS OF VOLUNTEER SERVICE ARE REQUIRED TO QUALIFY FOR YEAR-END AWARDS.
- ▶ **In order to qualify for Year End Awards you must have renewed your membership by May 31, 2018.**
- ▶ MEMBERS MAY DONATE \$85 IN LIEU OF SERVICE TIME SO THAT WE MAY HIRE SHOW STAFF ON YOUR BEHALF. IF YOU CHOOSE TO DO SO, PLEASE ADD \$85 TO YOUR MEMBERSHIP CHECK.

I can help GCDA by: Working shows Working Clinics Clinician
 Board Membership Other _____ (Check all that apply)
 All of the above mentioned services count as volunteer service hours

FOR SNOWBIRDS ONLY:

Mailing Address _____

Use Snowbird address from: _____ to: _____ (please enter months you stay in Florida)

<p>Make checks payable to: ▶ Gold Coast Dressage Association</p> <p>Mail to: ▶ SHARON PAOLUCCI 117 Preserve Drive Royal Palm Beach, FL 33411 sharonpaolucci@comcast.net</p>	<p>PAY BY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard</p> <p>CARD NO. _____</p> <p>SEC CODE: _____ EXP DATE: _____ ZIP CODE: _____</p> <p>NAME ON CARD _____</p> <p>Address of cardholder: _____</p>
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