



**Application for Membership**  
**Gold Coast Dressage Association**



**November 01, 2011 thru October 31, 2012**

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 ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ 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)

<p><b>Please renew prior to: <u>NOVEMBER 1</u></b>    Dues cover your membership from <b>NOVEMBER 1</b> thru <b>OCTOBER 31</b></p> <p align="center"><b>Individual: Senior: \$50.00    Junior: \$40.00    Birth date</b> _____ / _____ / _____          (Required by USDF)</p> <p>▶ 8 HOURS OF VOLUNTEER SERVICE ARE REQUIRED TO QUALIFY FOR YEAR-END AWARDS.          ▶ <b>In order to qualify for Year End Awards you must have renewed your membership before February 1st, 2012.</b>          ▶ 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.</p>	<p><b>Full date of birth required for USDF GMO member filing!</b></p>
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<p><b>I can help GCDA by:</b>    <input type="checkbox"/> <b>Working shows</b>    <input type="checkbox"/> <b>Working Clinics</b>    <input type="checkbox"/> <b>Clinician</b>  <input type="checkbox"/> <b>Board Membership</b>    <input type="checkbox"/> <b>Other</b> _____ (Check all that apply)          ***All of the above mentioned services count as volunteer service hours***</p>
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<p><b>FOR SNOWBIRDS ONLY:</b>          Mailing Address _____          Use Snowbird address from: _____ to: _____ (please enter months you stay in Florida)</p>
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Would you prefer to receive the GCDA Newsletter **via e-mail** instead of USPS?     **YES**     **NO**

Make checks payable to: ▶ **Gold Coast Dressage Association**  
 Mail to: ▶ **ANNA NIEHAUS**  
    **GCDA Membership Director**  
    **117 Preserve Drive**  
    **Royal Palm Beach, FL 33411**  
 Contact: 561-214-3310 ▶ **annaniehaus@comcast.net**

**PAY BY CREDIT CARD:**     VISA     AMEX     MasterCard  
 CARD NO. \_\_\_\_\_  
 SEC CODE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 NAME ON CARD \_\_\_\_\_  
 Address of card holder: \_\_\_\_\_  
 \_\_\_\_\_