



# Application for Membership

## Gold Coast Dressage Association



November 01, 2009 thru October 31, 2010

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 \_\_\_\_\_

Phone \_\_\_\_\_ 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

GCD A 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: \$50.00      Junior: \$40.00      Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required by USDF)

- ▶ 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 before February 1<sup>st</sup>, 2010.**
- ▶ 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.

Full date of birth required for USDF GMO member filing!

HORSE NAME: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

Please list all horses expected to be shown. Use separate sheet and attach if needed.

I can help GCD A 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)

Make checks payable to: ▶ Gold Coast Dressage Association

Mail to: ▶ ANNA NIEHAUS  
 GCD A Membership Director  
 117 Preserve Drive  
 Royal Palm Beach, FL 33411

Contact: 561-214-3310    aniehaus@royalprobuilders.com

**PAY BY CREDIT CARD:**  VISA     AMEX     MasterCard

CARD NO. \_\_\_\_\_

SEC CODE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME ON CARD \_\_\_\_\_