



2018 GARDEN STATE PAINT HORSE CLUB - MEMBERSHIP APPLICATION

2018 GSPHC General Membership entitles members to all club activities, voting privileges, and the recording of GSPHC show points for the current year from the time membership payment is received until the end of the current year. All owners MUST be members of GSPHC to receive year-end awards. Points accrue only after membership has been paid.

NOTE: All memberships must be paid by a CHECK indicating it was for a GSPHC membership. Membership payments will not be accepted if they are included with your show bill check.

GSPHC PARENT CLUB MEMBERSHIP: (separate from the Youth Club Membership)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____ APHA MEMBERSHIP # _____
I have read and agree to follow the Bylaws of the GSPHC. www.gspHC.com

___ **SINGLE** \$20.00 (1 vote) ___ **FAMILY** \$30.00 (2 votes) ___ **YOUTH** \$15.00 (no vote)

FAMILY MEMBERSHIPS are: mother, father, and any children under the age of eighteen (18). The age of January 1 shall be maintained throughout the entire year. This GSPHC Youth membership **DOES NOT** make you a member of the GSPHC Youth Club. To also join the GSPHC Youth Club, fill out the GSPHC Youth Club Membership Form below.

Youth NAME	APHA MEMBERSHIP #	YOUTH - AGE & DOB

Mail to: Sigrid Ware (GSPHC Membership Secretary) 6579 Harding Highway, Mays Landing, NJ 08330

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GSPHC YOUTH CLUB ONLY MEMBERSHIP (separate from the Parent Club Membership)

___ **YOUTH CLUB MEMBERSHIP \$5.00 fee - Must be paid with a separate check made out to the GSPHC Youth 2018 GSPHC PAINT HORSE YOUTH CLUB - MEMBERSHIP FORM**

2018 GSPHC YOUTH general membership entitles youth members to youth club activities, youth club voting privileges, and recording of GSPHC-YC show points for the current year for year-end awards. In order for Youth to receive awards from GSPHC (the "Parent" Club) the GENERAL Membership Application (above) must also be submitted.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ **E-MAIL** _____
AGE _____ DATE OF BIRTH _____ APHA MEMBERSHIP # _____

Mail Youth Club Membership form & CHECK to: Cyndy Hetzell (GSPHC Youth Advisor) 1230 Centerton Rd, Pittsgrove, NJ 08318

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YOUTH SCHOLARSHIP DONATION: Please send separate check made payable to GSPHC: **Amount \$** _____

Thank you for supporting the Youth Scholarship Fund - your donation is greatly appreciated.