



Application for Membership
Gold Coast Dressage Association



November 01, 2018 thru October 31, 2019

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 (Print): _____ Parent/Guardian Signature: _____

ARE YOU A TRAINER? YES NO
 This is a: New or a Renewal Application

GCDA Membership Number _____
 USDF Membership Number _____
 Birth date ____/____/____
 (Required by USDF)

Full date of birth
 required for
 USDF GMO
 member

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

	<u>ONE YEAR</u>	<u>FIVE YEAR</u>	<u>LIFETIME</u>
Senior:	\$75	\$300	\$1,500
Junior:	\$50	\$200	\$1,500

- ▶ 8 HOURS OF VOLUNTEER SERVICE ARE REQUIRED TO QUALIFY FOR YEAR-END AWARDS.
- ▶ 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
 ***All of the above mentioned services count as volunteer service hours - Check all that apply ***

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: ▶ **SHARON PAOLUCCI**
 117 Preserve Drive
 Royal Palm Beach, FL 33411
 sharonpaolucci@comcast.net

PAY BY CREDIT CARD: VISA AMEX MasterCard
 CARD NO. _____
 SEC CODE: _____ EXP DATE: _____ ZIP CODE: _____
 NAME ON CARD _____
 Address of cardholder: _____