



# 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 filing!

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

### MEMBERSHIP OPTIONS

|         | ONE YEAR | FIVE YEAR | LIFETIME |
|---------|----------|-----------|----------|
| 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 \$100 in lieu of Service Time so that we may hire Show Staff on your behalf.  
If you choose to do so, please add \$100 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: \_\_\_\_\_  
 \_\_\_\_\_