



**GEORGIA HUNTER JUMPER ASSOCIATION, INC.**

202 South Main Street, Ste 200 ■ Alpharetta, GA 30009 ■ [execsec@ghja.org](mailto:execsec@ghja.org)

Visit our website for news, point standings, sponsor links and other resources: [www.ghja.org](http://www.ghja.org)

**2016 Membership Application**

Renewal     New

Date:	I am enclosing \$ _____ check # _____.		
GHJA Membership #:		USEF Membership #: (if available)	
Name: <i>Please print name in the exact manner in which it will be used to sign in at all horse shows.</i>			
Address:		Date of Birth (juniors only):    /    /	
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-mail Address:			
Parent/Guardian email address:			
<b>Trainers:</b> <input type="checkbox"/> Please include my name, barn name, address and work phone in the online Trainers Directory. Barn Name: _____			
Annual membership dues:			
<input type="checkbox"/>	Family	<b>\$70</b>	2 junior <u>or</u> 1 senior & 1 junior member    Other Family Member: _____
<input type="checkbox"/>	Senior	<b>\$55</b>	members who are 18 years of age or older as of December 1, 2015
<input type="checkbox"/>	Junior	<b>\$45</b>	members who have not reached 18 <sup>th</sup> birthday as of December 1, 2015
<input type="checkbox"/>	Life	<b>\$400</b>	
<input type="checkbox"/>	Sustaining	<b>\$30</b>	for <u>non-competing</u> members. You will <u>not</u> be eligible for the awards program

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant hereby agrees to be bound by the Bylaws and Rules of the GHJA now in effect or as subsequently adopted.*

**Application for Horse Recording**

- New Recording**    **\$35**    lifetime recording of horse
- Name Change**    **\$15**    to change the registered name on a horse with an existing GHJA membership
- Owner Change**    **\$15**    to transfer permanent ownership from one GHJA member to another GHJA member
- Lease Change**    **\$15**    to transfer temporary ownership from one GHJA member to another GHJA member

Date:	I am enclosing \$ _____ check # _____.		
GHJA Recording #:		USEF Recording #: (if available)	
Horse Name:		Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	
Breed:	Color:	Height:	
Markings:			
Owner Name and GHJA #: <i>Owner must be a current GHJA member</i>			
Address:		Phone: (    )	
City:	State:	Zip:	
Previous Name/Owner (if applicable):			

Where horses are to be recorded and/or shown under a stable or farm name, same should be noted

**There will be a \$25 NSF charge for all checks that are returned from the bank.**