



**GEORGIA HUNTER JUMPER ASSOCIATION, INC.**  
 PO Box 28228 ■ Atlanta, GA 30358 ■ 770.888.0702

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

**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:	Work Phone:	Cell Phone:	
Fax:	E-mail Address:		
<b>Trainers:</b> <input type="checkbox"/> Please include my name, barn name, address and work phone in the online and printed Trainers Directory. Barn Name: _____			
Annual membership dues:			
<input type="checkbox"/> Family <b>\$60</b> 2 senior <u>or</u> 1 senior & 1 junior member Other Family Member: _____ <input type="checkbox"/> Senior <b>\$45</b> members who are 18 years of age or older as of December 1 of the current show year (December 1 – November 30) <input type="checkbox"/> Junior <b>\$35</b> members who have not reached 18 <sup>th</sup> birthday as of December 1 of the current show year <input type="checkbox"/> Life <b>\$400</b> <input type="checkbox"/> Sustaining <b>\$20</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.*