Great Lakes Horse Show Series

2025 MEMBERSHIP APPLICATION

IMPORTANT: ALL OWNERS MUST BE MEMBERS: Individual membership (you don't qualify as a family). Also, children that are 18 years or younger as of January 1 must be a child of the member or spouse. Junior membership is separate from family.

Name:	e: Spouses Name: Phone:	
Address:		
City:	State:	Zip:
Email:		
APHA#: Other Breed	#:	
Please check: Amateur (A) No	vice (N) Junior (J)	
Child Name & Date of Birth: Name	DOB	
MEMBERSHIP:NEW	RENEWAL	
TYPEIndividual \$25.00ea	FAMILY \$35.00	Novice or Junior \$20.00
Membership Type: One-year	Two-year Thre	e-year
I hereby declare my desire to become a mem	ber of the GLHSS. I agree to abide b	y the rules and By-Laws of this organization.
	dditional family members can be acteur and youth exhibitors. and the lessee must have active Cated we will need your membership	o number and name of Registry
Signature	Date: _	
MAIL CHECK & APPLICAITON TO: Make checks payable to: UMPHC/GLHSS		(GLHSS)

Please use this paper for additional names