

2020 Membership Application

Membership runs January 1 to December 31

	Individual Membership		· · ·				
	One vote, \$1,000,000 Excess Equine Liability Insurance, and other benefits as may be designated by						
	the GHC by the Board of Directors from time	to time.					
	Family Membership		· -				
	Two vote, \$1,000,000 Excess Equine Liability Insurance, and other benefits as may be designated by						
	the GHC by the Board of Directors from time to time.						
	Oi 1						
	One vote, no insurance, and other benefits as may be designated by the GHC by the Board of Directors						
	from time to time.						
□ Association/Farm & Ranch/Professional Membership							
One vote, no insurance, and other benefits as may be designated by the GHC by the Board of Dire							
	from time to time.						
One vote, no insurance, to obtain, at a discount, booth space at GHC sponsored functions, a link on the website for one year of membership, and other benefits as may be designated by the GHC by the Board							
					of Directors from time to time.		
	New Member Renewal						
PLEAS	SE FILL OUT ALL BLANKS						
Name	(Contact Person):						
	Is this a name change:	? If so, please provide previous	name.				
Associ	ation or Business:						
Addre	SS:						
	Is this a new address?YesN	No.					
City:		State:	Zin:				
CIE,			P·				
	_,						
Home	Phone:	Mobile Phone:					
Count	y of Residence:	Email Address:					
,							
Mail to: Georgia Horse Council • PO Box 295 • Bethlehem, GA 30620							
Ear	Admin Usa Only						
ror.	Admin Use Only –						
Charle Number							
Check Number: Date Received:							