



The Good Horseman® Foundation

4567 Rockbridge Rd., PO Box 297, Pine Lake, GA 30072

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www.goodhorseman.org

cell: 404-289-9328

OFFICE USE ONLY:

Date received _____

Amount _____

2025 MEMBERSHIP FORM

Revised (Signatures Now Required)

The Good Horseman® Foundation is a non-profit, tax-exempt, 501 (c) (3) organization of experienced members of the dressage community, including equine professionals, dressage instructors, trainers, competitors, judges, "L" Graduates and members of dressage competition management. The Foundation is a Group Member Organization (GMO) of The United States Dressage Federation and participates in USDF programs such as the Instructor Certification and the "L" Judges Education Programs. Your membership makes you a GROUP MEMBER of USDF. All members are eligible to compete for USDF rider awards, adult camps and will receive a subscription to the USDF national newsletter. Those wishing to qualify for the USDF Regional Championships must apply directly to USDF to become a PARTICIPATING MEMBER to be eligible.

The amount of your GHF annual dues is \$40 single membership (\$25 goes to USDF per person and the balance remains in the Foundation as your dues); \$55 family membership for two listed persons (an extra \$12 is sent to USDF for the added membership).

The objective of the Foundation is for the preservation and protection of the sport and art of dressage and to encourage its development to the highest levels. The Foundation's work will be limited to the organization of dressage competitions and the creation of educational opportunities such as seminars, clinics, scholarships and forums. An annual meeting is held every January, but no monthly meetings since most of our work is done by phone and e-mail.

Membership dues and renewals will be due Nov. 1st for the next year. Those joining for the first time after Sept. 1 will members for the next year.

There will be no newsletter as such but you will be on a GHF e-mail list and will receive prize lists for our upcoming shows and applications for our educational programs by e-mail. Information about upcoming activities also can be found on our website's Calendar page.

Riders competing in GHF Schooling Shows will be automatically enrolled as GHF members for that year if they complete this membership form and attach it to their entry form. (revised 5-1-2020)

Print Name _____ Jr./YR Rider Birth Date (for USDF) _____ USDF No. _____

Please check: \$40 single membership or \$55 family membership Joined at show? Renewed at show? New? Renewal? Lapsed?

Address _____ For Family Membership, name of added member _____

City _____ State _____ ZIP _____

Phone _____ (home/day) E-mail address (Please print clearly) _____

Would you like to volunteer at GHF events? Yes No. If yes, please list your interests and abilities: _____

RELEASE FOR GHF MEMBERS

I understand that horses can be unpredictable and sometimes dangerous animals, and that I participate at my own risk. I understand the requirements and limitations of these activities and understand that neither The Good Horseman® Foundation nor the organizers or staff members accept any responsibility for accidents, theft, damage, negligence, illness or injury to horses, owners, employees, attendants or any other persons in connection with activities on this property. I accept full responsibility for myself, my horses, my family members and attendants.

"WARNING: UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED."

Signed _____ Date _____
(All members must sign—juniors and adults)

Signed _____ Print Parent Name _____
(Parent if member is a junior)

Signed _____ Print name _____ Signed _____ Print Name _____
(Signature is required for family members)

Make checks payable to **The Good Horseman® Foundation** and mail to:

Mrs. Patricia Powell, Membership Chairman
6178 Yellow Creek Road, Murrayville, GA 30564
404-275-3447; e-mail: whitandpatpowell@aol.com



Visa/MC No. _____ Exp. date _____ CSV Code _____ \$10 EFT Fee

Name on card _____ Zip Code where credit card statement is received _____