



# Gypsy Horse Registry of America, Inc.

## Membership Application

Please complete this form and mail it back with a completed work order and appropriate fee to address below.

<b>Name &amp; Spouse Name:</b>	Name:	Spouse Name:
<b>Address:</b>	Street:	City:
	State/Province:	Zip:
<b>Owner Email:</b>	Email:	
<b>Owner Phone / Fax:</b>	Phone:	Fax:
<b>Farm Name / Website</b>	Farm Name	Website
<b>Membership Type:</b> (Check One)	<input type="checkbox"/> Lifetime \$700 <input type="checkbox"/> Associate \$50 (non-horse owners) <input type="checkbox"/> Youth \$20 (One Time, under 18 years)	<input type="checkbox"/> Annual \$75 (Annual Voting) <input type="checkbox"/> International \$80  Renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Prefix/Suffix:</b> (Write Name, no punctuation allowed)	<input type="checkbox"/> Prefix \$100 Prefix text:	<input type="checkbox"/> Suffix \$100 Suffix text:



### Gypsy Horse Registry of America, Inc. Membership Application

<p><b>Would you like to be included in a published Breeder's list?:</b></p>	<p>(Must have GHRA registered Mare or Stallion)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p><b>Enter Youth Name and birthdate:</b> (If Youth Membership only)</p>	<p>Name:</p>	<p>Birthday:</p>
<p><b>Do you belong to other Registries or clubs? If so, please list:</b> (Optional)</p>	<p>Registries:</p>	<p>Clubs:</p>
<p><b>Total Costs:</b> Mail Membership Application with work order and payment to: <b>Gypsy Horse Registry of America, Inc.</b> <b>PO Box 299</b> <b>Blanchard, OK 73010</b></p> <p>903-818-0026 myghra@yahoo.com www.myghra.org</p> <p>A Tax exempt, non-profit educational organization IRS 501 (c) (3)</p>	<p>Items:</p> <p>Membership</p> <p>Prefix Registration</p> <p>Suffix Registration</p> <p><b>TOTAL</b> -----&gt;</p>	<p>Fees:</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p><b>\$</b> <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>Make check or money order payable to GHRA, Inc.</b></p>
<p>Enter any other notes or comments for this application:</p>		



**Release Of Liability**

This Release of Liability is made and entered into on this day forward by and between the Gypsy Horse Registry of America, Inc., herein designated GHRA, and

\_\_\_\_\_

(name of Member)

hereinafter designated as a Member of GHRA and if Member is a minor, his or her parent or guardian,

\_\_\_\_\_

(name of Member's parent/guardian)

return for use today and on all future dates of any property, facility or services of or used by the GHRA. The GHRA Member, his heirs, assigns and legal representative expressly agree to the following:

GHRA member agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM ANY GHRA ACTIVITY including, without limitation but not limited to, the risks of death, bodily injury, property damage from falls, kicks, bites, collisions with vehicles, horse(s) or stationary objects, fire or explosion, the unavailability emergency medical care, or the negligence or deliberate act of another person.

It is the responsibility of GHRA member to carry full and complete insurance coverage on his horse(s), personal property and himself/herself.

**WARNING:**

UNDER Texas Law (chapter 87, Civil practice and remedies code), an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.

**GHRA Member Signature/Date:**

**GHRA Member Signature/Date:**

\_\_\_\_\_

\_\_\_\_\_



# Gypsy Horse Registry of America, Inc.

## Work Order

**WORK ORDER MUST ACCOMPANY ALL TRANSACTIONS LISTED ON PAGE 2**

**PLEASE TYPE OR PRINT LEGIBLY**

<b>Name:</b>		<b>Membership Number:</b>	<i>Enter "NEW" if you are waiting for your membership number.</i>
<b>Address:</b>		<b>Phone/Fax:</b>	
<b>City:</b>		<b>Farm Name</b>	
<b>State/Province/Zip:</b>		<b>Email:</b>	

**MAIL THIS FORM WITH PAYMENT TO:**

Gypsy Horse Registry of America, Inc.

PO Box 299

Blanchard, OK 73010

903-818-0026 – myghra@yahoo.com – myghra.org

A tax exempt, not-for-profit, educational organization, IRS-501(c)(3)

## FEE SCHEDULE

CODE	ITEM	MEMBER	NON-MEMBER	QTY	TOTAL	CODE	ITEM	MEMBER	NON-MEMBER	QTY	TOTAL
<b>REGISTRATION</b>						<b>MISCELLANEOUS</b>					
RGR	Registration (Submit vet report for breeding stallions) ( <b>Horses holding EU passport add \$10.00 to registration fee under Misc.</b> )	\$75	\$125			AMF	Annual meeting fee	\$75	\$100		
DNA	DNA testing (Fee must be submitted with registration application)	\$50	\$100			CAF	Recognized club, annual fee	\$25			
DNAR	DNA Request from previous Registry	\$25	\$40			EMB	Embryo transfer enrollment	\$25	\$50		
TRN	Owner transfer, within 6 months	\$25	\$50			AAP	Ambassador Award Program (per horse)	\$0			
THL	Owner transfer, after 6 months	\$50	\$100			SAF	Recognized show application (per judge)	\$25	\$25		
DUP	Duplicate certificate	\$30	\$60			SRO	Stallion report, on time				
LSE	Lease	\$25	\$50			SRL	Stallion report, late (+\$10 per mare)	\$25	\$50		
SYN	Syndicate	\$25	\$50			WSA	Website, stallion page, per year				
EXP	Expedite (per horse) <b>Note on envelope</b>	\$25	\$50			PPL	Pay Pal fee (\$5 per \$100)				
RCM	Return priority mail, delivery confirmation	\$20	\$20			GLD	Gelded, duplicate certificate				
						JDG	Judges Card with Assoc membership		\$75		
						FPR	Farm prefix/suffix registration (one time only)	\$100			
						EUP	EU passport registration fee	\$10	\$10		
<b>MEMBERSHIP</b>											
LFT	Lifetime	\$700									
ANL	Annual	\$75									
FOR	Foreign (Any country other than USA)	\$80									
ASC	Associate (Non-horse Owners Only)	\$50									
YTH	Youth (One time only until 18 years old)	\$20									
<b>TOTAL →</b>										<b>\$</b>	
<b>MAKE PAYMENTS IN US FUNDS ONLY - PRICES SUBJECT TO CHANGE WITHOUT NOTICE - DO NOT SEND CASH: PAYPAL, CHECK OR MONEY ORDER ONLY</b>											