



Office Use Only	
Date received _____	
Cash _____	Check Number _____
Single Membership ___	Effective through _____
Family Membership ___	Effective through _____
Life Membership	

Garden State Horse & Carriage Society Membership Form

Date: _____ Renewal ___ New ___

Name _____

Family Member Names _____

Address _____

Telephone Number (____) _____ Cell Phone (____) _____

E-mail _____

Check all that apply:

Single \$20 ___ Family (must reside at the same address) \$25 ___ Lifetime \$150 _____

Receive the newsletter by mail additional \$12.00 for postage and printing ___

Member of ADS ___ CAA ___ Other driving clubs _____

Driving Interests (check all that apply) Recreational ___ Pleasure Shows ___ Clinics ___

Combined Driving ___ Other _____

Volunteer Interests (check all that apply) Pleasure Drives ___ Pleasure Shows ___ Clinics ___

Combined Driving ___ Speakers ___ Fund Raising ___ Club Store ___ Publicity ___

Please mail completed form and signed release with your check made out to "GSH&CS" to

GSH&CS P.O. Box 252 Cream Ridge, New Jersey 08514