



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

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 same address) \$25 ___ Lifetime \$150 ___

Receive the newsletter by mail additional \$20.00 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