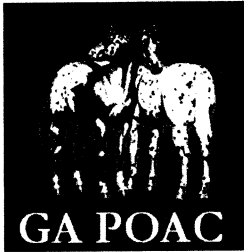


GAPOAC MEMBERSHIP FORM

www.gapoac.org



Send form along with payment to:
Terrie Moore
1647 Oak Ridge Circle SW
Stone Mountain, GA30087
Please write checks out to GA POAC



Membership fee is \$25 per household or person

Name: _____ Age (as of Jan.): _____ Gender: F M

(or family/ parent)

Address: _____ Home Phone: _____

_____ Cell Phone: _____

E-mail: _____ family: _____

For Family Membership, fill below.

Sibling Name: _____ Age(as of Jan.): _____ Gender: F M

Relationship to family: _____

E-mail: _____

Sibling Name: _____ Age(as of Jan.): _____ Gender: F M

Relationship to family: _____

E-mail: _____

Sibling Name: _____ Age(as of Jan.): _____ Gender: F M

Relationship to Family _____

E-mail _____

MUST PAY MEMBERSHIP IN FULL BEFORE THE FIRST SHOW IN ORDER FOR YOUR SHOW POINTS TO BE COUNTED TOWARDS YEAR-END AWARDS. IF YOU WANT PERMANENT POINTS FOR YOUR PONY, YOU MUST FILL OUT A NATIONAL MEMBERSHIP FROM THE HOME OFFICE.****