



Heart of Dixie Horse Lovers Club*

Membership Form

** a non-profit organization*

Membership Types: *Check one*

<input type="checkbox"/>	Family: \$25.00; you, spouse, (children under 18 are youth members)
<input type="checkbox"/>	Single Membership: \$15.00; anyone 18 years or older
<input type="checkbox"/>	Youth Membership: \$5.00; parents are non-members

Membership runs June 1 through May 31

I and/ or my family want to become members of the Heart of Dixie Horse Lovers Club
Enclosed are my membership dues of \$ _____

Your Name: _____ **Spouse's Name:** _____

Address: _____ **City:** _____ **State:** __ **Zip:** _____

Email Address: _____ **Phone:** _____

Children's Names and Ages:

Number of horses you own and type(s): _____

Interests: _____

How you expect our club to benefit you: _____

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 risk of equine activities, pursuant to Chapter 12 of Title 4 of the official code of Georgia annotated

**ALL ADULT MEMBERS MUST SIGN AND DATE THIS MEMBERSHIP FORM
 Non-Member Parents must sign for Youth Members**

Name: _____ Date: _____

Name: _____ Date: _____

Check one to indicate your permission to list the above data in the club directory: Yes ___ No ___
 if "yes", does this include: Phone number: Yes ___ No ___; Email Address: Yes ___ No ___
 (This directory goes out to our members only.)

May we send you the newsletter via email? Yes ___ No, I want a hard copy ___

Mail to: HODHLC, PO Box 2341, Gray, GA 31032