



2025 YOUTH MEMBERSHIP

NAME: _____ Grade: _____

DOB: _____ (as of June 1, 2025)

Mother: _____

Father: _____

Street Address:

City: _____ State: _____ Zip: _____

County: _____

Phone Number(s):

Email(s):

Youth Membership Dues \$50

Membership is effective January 1, 2025 through December 31, 2025.

*Photos, names and contact information may be posted on our website, including photos of your children and animals.

I agree to

Make payment to: GCLA and mail to: GCLA, P. O. Box 293, Rutledge, GA 30663