



## **MEMBERSHIP RENEWAL APPLICATION**

(Please print)

Name (as shown on your Social Security Card) \_\_\_\_\_

Name preferred for Membership listing (if different) \_\_\_\_\_

SSN \_\_\_\_\_ Business/Farm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Other contact information: \_\_\_\_\_

*A W-9 form must be on file with the ATBHA office for payment of any incentive awards (Owner, Breeder and/or Stallion). The form should be filled out listing the full legal name of the member to whom awards payments will be paid, with his/her correct Social Security Number. If an award is paid to your business/farm a separate W-9 must be on file listing the full complete name of that business/farm with the applicable Federal Tax Identification Number.*

Check where applicable: ( ) OWNER: Number of Horses \_\_\_\_\_ Number of Horses Racing \_\_\_\_\_

( ) BREEDER: Location of Breeding Stock \_\_\_\_\_

( ) STALLION OWNER: Location of Stallion \_\_\_\_\_

**MEMBERSHIP FEE:** \$ 50.00 Annually (for fiscal year 1/1 – 12/31)  
Annual membership renewal due 12/31 – Delinquent after 3/1 of membership year  
\$ 75.00 if paid after 3/1 of membership year

**Please return this form along with your membership dues to:**

**Arkansas Thoroughbred Breeders' & Horsemen's Association**

P O Box 21641 ♦ Hot Springs, AR 71903

Phone (501) 624-6328 ♦ Fax (501) 623-5722 ♦ Email [atbha@att.net](mailto:atbha@att.net)

Website: [www.atbha.com](http://www.atbha.com)