



MEMBERSHIP APPLICATION

Name (as shown on your Social Security Card) _____

Mailing Address _____ City, State, Zip _____

SSN _____ Business/Farm Name _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____

Email Address _____ FAX (_____) _____

How did you find out about ATBHA? _____

Comments: _____

Any person, firm or corporation who is a breeder, owner or trainer of a registered thoroughbred horse, or engaged in such activity in the State of Arkansas, or persons acceptable to the Board of Directors of this Association is eligible for membership.

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 complete name of the person to be paid the award with the 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 its 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)

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

Website: www.atbha.com