



**2018 MEMBERSHIP RENEWAL APPLICATION**  
**(PLEASE PRINT)**

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

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

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

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

Farm Address (if different from above) \_\_\_\_\_

SSN/FEIN \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

ATBHA Number \_\_\_\_\_ 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). If not previously provided, 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  
 Website: [www.atbha.com](http://www.atbha.com)