



NEW MEMBER 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 Address _____ FAX (____) _____

ATBHA Number _____ Website _____

TO BE ISSUED BY A.T.B.H.A. OFFICE

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