



ARKANSAS THOROUGHBRED BREEDERS' & HORSEMEN'S ASSOCIATION

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 (if applicable) _____

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

Cell Phone (_____) _____ FAX (_____) _____

Email _____ Website _____

Other contact information: _____

ATBHA # _____ (as shown on your ATBHA membership card and/or address label of mailings)

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 _____

The undersigned hereby acknowledges that the information provided above is true and correct to the best of his/her knowledge:

SIGNATURE _____ PRINTED NAME _____ DATE _____

MEMBERSHIP FEE: \$ 50.00 Annually (for fiscal year 1/1 – 12/31) to include a new (first-time) Member
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 a W-9 and applicable 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