

(PLEASE PRINT)

Name (as shown on your Social Security Card)	
Name preferred for Membership listing (if differen	t)
Business/Farm Name	
Mailing Address	City, State, Zip
Farm Address (if different from above)	
SSN	FEIN (if applicable)
Home Phone ()	Business Phone ()
Cell Phone ()	Website
Email	
Other contact information:	
ATBHA #	(as shown on your ATBHA membership card and/or address label of mailings)
provided, the form should be filled out listing the full I	r payment of any incentive awards (Owner, Breeder and/or Stallion). If not previously egal name of the member to whom awards payments will be paid, with his/her correc business/farm a separate W-9 must be on file listing the full complete name of that ation Number.
Check where applicable: ( ) OWNER: Number	er of Horses Number of Horses Racing

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

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 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, if not previously provided, and applicable membership dues to:

Arkansas Thoroughbred Breeders' & Horsemen's Association P O Box 21641 Hot Springs, AR 71903

Phone (501) 624-6328 ♦ Email atbha@att.net Website: <u>www.atbha.com</u>