

NEW MEMBER APPLICATION

(PLEASE PRINT)

Name (as shown on your Soc	cial Security Card)	
Name preferred for Members	ship listing (if different)	
Business/Farm Name		
Mailing Address	City, State, Zip	
Farm Address (if different fro	om above)	
SSN/FEIN	Business Phone ()	
Home Phone ()	Cell Phone ()_	
Email Address		
ATBHA Number	BE ISSUED BY A T B HA OFFICE Website	
Other contact information: _		
previously provided, the form with his/her correct Social Se	e with the ATBHA office for payment of any incentive awards (Owner, Em should be filled out listing the full legal name of the member to whom ecurity Number. If an award is paid to your business/farm a separate Weless/farm with the applicable Federal Tax Identification Number.	awards payments will be paid
Check where applicable:	() OWNER: Number of Horses Number of Ho	orses Racing
	() BREEDER: Location of Breeding Stock	
	() STALLION OWNER: Location of Stallion	
The undersigned hereby acknowled	edges that the information provided above is true and correct to the best of his/her knowled	dge:
SIGNATURE	PRINTED NAME	DATE
MEMBERSHIP FEE:	\$ 50.00 Annually (for fiscal year 1/1 – 12/31) to include a new (first-ti	me) Member
	Annual membership renewal due 12/31 – Delinquent after 3/1 of men	,

Please return this form along with a W-9 and applicable membership dues to:

\$ 75.00 if paid after 3/1 of membership year

Arkansas Thoroughbred Breeders' & Horsemen's Association

P O Box 21641 ♦ Hot Springs, AR 71903-1641 Phone (501) 624-6328 ♦ Email atbha@att.net Website: www.atbha.com