



P. O. Box 48 Grand Haven, MI 49417 Tel: 231-457-4979 • Fax: 231-332-6047

# MEMBERSHIP FORM

**2018 Annual Dues \$25.00**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Number of horses owned: \_\_\_\_\_ Stallions: \_\_\_\_\_ Mares: \_\_\_\_\_ Weanlings: \_\_\_\_\_

Racing Age: \_\_\_\_\_ Other: \_\_\_\_\_

Referred by: \_\_\_\_\_

*I hereby make application for membership in the Michigan Thoroughbred Owners & Breeders Association:*

*Print*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pay with credit card via Pay Pal. Return completed form to [info@mtoba.com](mailto:info@mtoba.com)