



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

MEMBERSHIP FORM

2017 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