



FTBOA MEMBERSHIP APPLICATION

Florida Thoroughbred Breeders' and Owners' Association

801 SW 60th Ave., Ocala, FL 34474 • P: 352-629-2160 • F: 352-629-3603

Info@FTBOA.com • www.FTBOA.com

- ☐ **\$125 Regular Member** (A person engaged in the breeding or racing of thoroughbred horses in the State of Florida, who owns a broodmare, stallion or racehorse or a part thereof domiciled in this state, and who is interested in the aims and purposes of the FTBOA)
- ☐ **\$100 Associate** (A person interested in the objectives of the FTBOA – no horse ownership, non-voting member)
- ☐ **\$25 Student** (A person under 25, not an owner or breeder, with full-time student status, non-voting member)

Please inquire about business/farm Corporate Sponsorship benefits

Name _____
Name of individual (not a farm or business entity)

Mailing Address _____
Street or Box No. City State Zip

E-mail Address _____

Cell Phone _____ **Home Phone** _____

Farm Name _____

Farm Address _____
Street or Box No. City State Zip

By signing below and/or by providing payment, I certify that I currently satisfy the requirements for the membership type selected above, that the information provided herein is accurate, and that I agree to be bound by the Association's Bylaws, as incorporated herein by reference and as they may be subsequently amended. Providing a mailing address, e-mail address and/or phone number gives consent to receive FTBOA communications. The FTBOA may allow industry-related advertisers or sponsors to provide you with mail and e-mail communications if the advertiser or sponsor agrees to comply with appropriate privacy safeguards. If you do not wish to receive such communications, please contact the FTBOA.

OFFICE USE ONLY

FTBOA Member #: _____

Date Received: _____

Amount Received: _____

Database Update: _____

Member Signature _____ **Date** _____

Please mail/fax/email along with payment to FTBOA at the above address. Or, to pay with a credit card complete the following:

Name (as it appears on credit card) _____ **Card type** _____ (MC or Visa only)

Card # _____ **Expiration** _____ **CVV#** _____

Billing Address (if different than above): _____
Street or Box No. City State Zip