

Canadian Thoroughbred Horse Society

National Office

PO Box 172, Rexdale, Ontario M9W 5L1

Tel: 416-675-1370 Fax: 416-675-9525 Email: cths@idirect.com

APPLICATION FOR MEMBERSHIP

Name for Membership: (please print)
(recommend that the membership name and name of breeder for foal registration be the same)

Contact person: Same as above: Other:

Address: (please print)

City: Postal Code:

Telephone: Fax: Email:

PLEASE SELECT MEMBERSHIP TYPE AND SIGN ACCORDINGLY

1. ANNUAL FULL MEMBER:

I/We do apply for Membership and do, hereby agree to conform to the By-Laws of the **CANADIAN THOROUGHbred HORSE SOCIETY** and that I/we must be the owner **of at least one Thoroughbred for the purpose of breeding Thoroughbreds in the current year.** I/We enclose the prescribed fee of **\$106.00** (\$100.00 + \$6.00).

Dated:

.....
Signature Please print name
The above signature represents the person AUTHORIZED to sign on behalf of this membership. This person will be considered the "voting" member.

The following "FAMILY MEMBER(s)" who are dependent children of the Annual Member under 24 years of age, and/ or the spouse, who reside at the above address, apply for membership at the prescribed fee of \$21.20 (\$20.00 + GST) per Family Member:

Name	Relationship
_____	_____
_____	_____

(if more family members, please include on the back of this form)

2. ASSOCIATE MEMBER:

I/We do apply for Associate Membership and do, hereby agree to conform to the By-laws of the **CANADIAN THOROUGHbred HORSE SOCIETY.** I/We have included the prescribed fee of **\$53.00** (\$50.00 + \$3.00 GST).

Dated:

.....
Signature Please print name

Please make cheques payable to CTHS (National Office) at address above.