



Thoroughbred Niagara  
905-941-2733  
Office Hours Monday-Friday 12-2 p.m.  
<http://www.thoroughbredniagara.com>  
[info@thoroughbredniagara.com](mailto:info@thoroughbredniagara.com)

## APPLICATION FOR MEMBERSHIP

Name for Membership: \_\_\_\_\_  
Contact Person:     Same  Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

- Industry Involvement: (check all that apply)
- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Trainer        | <input type="checkbox"/> Breeder                |
| <input type="checkbox"/> Fan   | <input type="checkbox"/> Handicapper    | <input type="checkbox"/> Jockey                 |
| <input type="checkbox"/> Groom | <input type="checkbox"/> Exercise Rider | <input type="checkbox"/> Other (please specify) |

	Business Name	Business Type
Trade Directory Listing:	_____	_____
Stallion Name:	_____	

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### Please Select Membership Type and Sign Accordingly

#### Annual Full Membership

I/We do apply for Membership and have enclosed the prescribed fee of \$35.00 Canadian

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**If partnership**, farm, stable or company, authorized person please sign here.

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**If an individual**, please sign here.

#### Professional/Stallion Membership

I/We do apply for Membership and have enclosed the prescribed fee of \$100.00 Canadian (additional stallions \$50 Canadian each)

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**If partnership**, farm, stable or company, authorized person please sign here.

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**If an individual**, please sign here.

Please make cheques payable to Thoroughbred Niagara