



MEMBERSHIP FORM

2012 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:

Signature: _____ Date: _____

Make checks payable to: M-TOBA. Return completed form with payment to:
M-TOBA P. O. Box 48 Grand Haven, MI 49417