



# CWHBA

## MEMBERSHIP APPLICATION

Membership Name: \_\_\_\_\_ Member # \_\_\_\_\_  
Horses will be registered under this Name

Signing Officers (s): \_\_\_\_\_  
List any person(s) with signing authority if different from the Membership Name

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Website: www. \_\_\_\_\_

Email: \_\_\_\_\_

I (includes the plural, corporation, partnership or syndicate) do hereby apply for membership, authorize the use of submitted information for research purposes and do hereby agree to conform to the Constitution and By-Laws of the CWHBA and pay a membership fee of:

Membership type: \_\_\_ Full\* (\$85) \_\_\_ Associate (\$35) \_\_\_ Life\* (\$850)

(\*Full and Life Membership privileges include horse registration)

\_\_\_ by checking here I direct that ALL signing officers identified herein must sign registrations and transfers related to horses registered under the Membership Name.

\_\_\_ by checking here I direct that ANY one of the signing officers identified herein may sign registrations and transfers related to horses registered under the Membership Name.

Signature X \_\_\_\_\_  
Name \_\_\_\_\_

Date: \_\_\_\_\_

Other signing officers (if any) X \_\_\_\_\_ X \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

All memberships include:

- National Membership with Equine Canada, the World Breeding Federation for Sport Horses
- Breeders Annual & newsletter publications
- Eligible to participate at inspections, futurities and breed shows
- Eligible for awards programs

Payment: \_\_\_ Cheque \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

