



**CTHS Special Offer: MEMBERSHIP APPLICATION**

**Member Information**

Name: \_\_\_\_\_  
Farm/Stable/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Are you a current subscriber to *BloodHorse* magazine?  Yes  No

**Member Demographic Information**

In an effort to learn more about our members, please complete the following information:

Occupation: \_\_\_\_\_  
Gender:  Male  Female Age:  Under 21  21-30  31-40  41-50  51-60  61-70  Over 70  
Involvement in Thoroughbreds:  New owner or breeder  Established owner or breeder  Not an owner or breeder

**Annual Dues**

**INDIVIDUAL, \$125 U.S. (\$150 Savings, Special Introductory Rate);** one-year tablet/digital edition subscriptions to *BloodHorse*, one membership card and tablet/digital edition of *The Horse* magazines. TOBA members' pin for free admission to 60 racetracks throughout North America and Canada, including Assiniboia Downs and Woodbine, free clubhouse admission to many racetracks, our monthly e-newsletter and discounts on industry-related goods and services  
**Initiate your membership online visit: [www.TOBA.org/membership](http://www.TOBA.org/membership)**  
**Select Membership Level: CTHS: \$125 U.S.**

Would you like to donate to the Thoroughbred Charities of America?

Donate \$10  Donate \$25  Donate \$50  Donate \$100  Other Amount: \$ \_\_\_\_\_  No thanks

**Payment Information**

Credit Card:  Visa  MasterCard  American Express  Discover  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Card Number: \_\_\_\_\_ CVV Code\*\*: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Contributions or gifts to TOBA are not tax deductible as charitable contributions. Dues may be tax deductible as an ordinary and necessary business expense. \*Annual TOBA dues include \$10 for each *BloodHorse* subscription. \*\*Three-digit number that appears on the back of your Visa, MasterCard or Discover; or four-digit number that appears on the front of your AMEX.

**Send Application To:**

**Mail:** TOBA, P.O. Box 910668, Lexington, KY 40591-0668 USA  
**Fax:** (859) 276-2462 **Apply Online:** [www.toba.org](http://www.toba.org)  
**Phone:** (859) 276-3897 **Select Membership Level:** **CTHS \$125 U.S.**  
**Email:** [Lmonnet@toba.org](mailto:Lmonnet@toba.org)