



CWHBA MEMBERSHIP APPLICATION

Membership Name: _____
Horses will be registered under this name

Contact Name: _____

CWHBA Membership #: _____ Renewal: New:

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: (____) _____ Email: _____

Website: www. _____

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 _____ **Date:** _____

Print Name _____

Other Signing Officers (if any) X _____ X _____

Print Name _____ Print Name _____

All memberships include:

- *Breeders Annual & newsletter publications*
- *Eligible to participate at inspections, futurities and breed shows*
- *Eligible for awards program*

Payment Information - PLEASE DO NOT SEND CASH IN THE MAIL

Payment Type: _____ Cheque _____ Visa _____ MasterCard

Card # _____ Expiration Date: _____

Name on Card: _____

Submit Applications to: Canadian Livestock Records Corporation
2417 Holly Lane, Ottawa, Ontario, Canada K1V 0M7

Tel: (Toll Free) 1-877-833-7110 or 613-731-7110 • Fax: 613-731-0704 • office@canadianwarmbloods.com