



# 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\* (\$95) \_\_\_\_\_ Associate (\$40) \_\_\_\_\_ Life\* (\$950)

(\*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 \_\_\_\_\_ Email Transfer accounts@canadianwarmbloods.com

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

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

**Submit Applications to:** Canadian Warmblood Horse Breeders Association  
404 Avenue D South, Saskatoon, Saskatchewan, Canada S7M 1R4  
Tel: 306-373-6620 • Fax: 306-374-0646 • office@canadianwarmbloods.com