



2008

Membership Application

NEW YORK THOROUGHBRED BREEDERS, INC.

DATE: _____

NAME: _____

ADDRESS: _____

FARM NAME: _____

PHONE NO. (HOME) _____ BUSINESS _____

FAX NO. _____ E-MAIL _____

_____ \$150. INDIVIDUAL _____ \$200. JOINT _____ \$325. CORPORATE
(1 membership) (2 Memberships) (4 Memberships)

_____ I am enclosing an additional \$10 to go to the New York Thoroughbred Breeders' Scholarship Fund.

MAKE YOUR CHECK PAYABLE TO NYTB AND MAIL IT TO 57 PHILA STREET, SARATOGA SPRINGS, NY 12866.

CREDIT CARD NO. _____ EXP. DATE _____
(MasterCard or Visa)

YOUR MEMBERSHIP PACKET WILL BE SENT TO YOU BY RETURN MAIL.