American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 32130
Phone (561) 693 5516 Fax (775) 667 0516
info@americanwarmblood.com www.americanwarmblood.com

2016 Membership Application

I hereby apply for membership in the American Warmblood Registry

This is a new membership _____ I am member since _____ Membership # (for renewals) _____

ANNUAL MEMBERSHIP FEE: $95.00 USD

The name and address under which the membership is to be listed is as follows:

NAME: _____

FARM NAME: _____

NAME OF CERTIFICATE(S): please circle: NAME FARM NAME

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

E-MAIL: _____ WEBSITE: _____

PHONE: _____ CELL: _____ FAX: _____

Please send me _____ applications for registration of my horses with the American Warmblood Registry.

Membership: **$95 USD**

Payment method: (circle one) _____ Check (enclosed) _____ Money Order (enclosed) _____ VISA _____ M/C

Credit Card Number: _____ _____ _____ _____

Expiration Date: _____ /_____ 3-digit security code: _____

Name as it appears on card (please print clearly): _____

Signature/Date: _____/_____

ALL FEES MUST BE PAID IN US DOLLARS ~ ALL FEES ARE NON-REFUNDABLE–
(Canadian memberships/orders must be paid for by VISA or MasterCard)

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