



American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 32130

Phone (561) 693 5516

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2019 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

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: _____

USEF ID: _____ USDF ID: _____ OTHER: _____

Please send me _____ application/s for registration of my horse/s with the American Warmblood Registry.

Membership: \$95.00

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

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 credit card only.

