

American Warmblood Registry

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

2021 Membership Application

I	hereby apply for membershi	p in the American Wa	armblood Registry
This is a new membershi	p I am member s	since Me	mbership # (for renewals)
	ANNUAL MEM	IBERSHIP FEE: \$95.	00
The na	me and address under which		
NAME:			
FARM NAME:			
NAME OF CERTIFICATE(S): please circle: NAM	E FARM NAME	
ADDRESS:			
CITY:			
STATE:	ZIP:		COUNTRY:
E-MAIL:		WEBSITE:	
PHONE:	CELL:		FAX:
JSEF 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: circle one) ———	Check (enclosed) N	Ioney Order (enclose	ed) VISA M/C
Expiration Date:	/	3-digit security co	ode:
Name as it appear	s on card (please print clearly	7):	
	Signature/Dat	·	/

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