



# American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 32130

Phone (561) 693 5516

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info@americanwarmblood.com americanwarmbloodregistry@gmail.com

## 2024 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: \_\_\_\_\_ Zip: \_\_\_\_\_

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)**