



Indiana Thoroughbred Owner's and Breeder's Association

This is a: *(check one)*

New Application

Renewal

First Name *

Last Name *

Farm/Company Name *(if applicable)*

Address *

City *

State *

Zip Code *

Home Phone

Work Phone

Email

Do you own a thoroughbred related business?

Business Name: _____

Address: _____

Phone(s): _____

Email: _____

Website: _____

Products or Services offered: _____

Yes, I authorize ITOBA to publish this information at their discretion.

Yes, I would like to be contacted with advertising opportunities.

Dues: *(please check one)*

One Person, One Year: \$50

One Person, Three Years: \$125

One Person, Lifetime: \$500

Joint Membership, One Year: \$80 (Joint Membership: Husband and Wife at Same Address. Please list both names above.)

Please make checks payable to ITOBA or complete the credit card information

Mail to ITOBA 7609 W. 300 N., Anderson, IN 46011

Credit Card # _____

Exp. Date: _____

Code: _____

Signature: _____