

CANADIAN THOROUGHBRED HORSE SOCIETY National Office

Application for Family Membership

Name for Membership: _____ Year of Birth: _____

Name of Related Annual Member: _____ Relationship to Annual Member: Spouse
Child

Contact Person: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Home Fax: _____ Cell: _____

Office Phone: _____ Office Fax: _____ Farm: _____

Email: _____ Name of person completing form: _____

Date: _____ (mm/dd/yyyy) Signature*: _____

*The above signature represents the person AUTHORIZED to sign on behalf of this membership.

I/We do apply for a CTHS Membership and do, hereby agree to conform to the By-laws of the Canadian Thoroughbred Horse Society.

Privacy and Consent: I give the Canadian Thoroughbred Horse Society (CTHS) permission to share my contact information (including by electronic means) for the purposes of, but not limited to, providing and producing publications, lists, nomination forms, and to perform marketing and advertising services. The CTHS Privacy Statement can be found on the CTHS National website.

Signature: _____

National Office: MAILING ADDRESS: P.O. Box 172, Rexdale, ON, M9W 5L1

COURIER ADDRESS: Sales Pavilion, Woodbine Race Track, 555 Rexdale Blvd., Rexdale, ON, M9W 7G3

Phone: (416) 675-1370 Fax: (416) 675-9405 Email: info@cthsnational.com Web Site: www.cthsnational.com GST # 124337544