

LOUISIANA THOROUGHBRED BREEDERS ASSOCIATION

P. O. BOX 24650
 NEW ORLEANS, LA 70184
 Louisianabred.com

PHONE: 504-947-4676
 FAX: 504-943-2149



2021-2022 MEMBERSHIP APPLICATION

DUE JULY 1ST

According to the LTBA Bylaws, there shall be four (4) classes of membership: Regular, Business Entity, Associate, and Lifetime. The qualifications and voting privileges of each class are as follows:

A. (1) Regular Membership: An individual of majority actively engaged in the breeding of a thoroughbred horse domiciled in Louisiana that he/she owns or whose ownership interest in multiple breeding horses domiciled in Louisiana totals fifty percent (50%). Actively engaged is defined as the mating of a thoroughbred mare with a thoroughbred stallion and/or foaling a thoroughbred mare in each membership year. Ownership of the breeding entity on the membership application shall correspond with the mare’s registration and accreditation of said mare’s foals or stallion’s registration recorded with the Louisiana Thoroughbred Breeders Association. Such members shall have one vote only. **Fee \$75**

(2) A Legal Entity Membership: (Corporation, Partnership, LLC, LLP, Estate, Farm, other than an individual), actively engaged in the breeding of a thoroughbred horse domiciled in Louisiana which owns at least one thoroughbred breeding horse domiciled in Louisiana or whose ownership interest in multiple breeding horses domiciled in Louisiana totals fifty percent (50%). The voting right of the members, partners or shareholder of any such entity is determined as follows:

- i. Determine the percentage of ownership interest of each qualified breeding horse owned by the legal entity;
- ii. Combine all such ownership interests of the legal entity to determine a total ownership interest;
- iii. If the total ownership interest combined equals or exceeds a 50% interest in qualified horse or horses the entity shall be entitled to designate a member, partner or shareholder, with the right to vote;
- iv. The entity shall be allowed to designate only one member, partner or shareholder with the right to vote;
- v. any person designated with the right to vote pursuant to this sub-section must be a dues paying regular member and is entitled to only one vote. **Fee \$75**

(B) Associate Membership: Persons not eligible for membership under (A) above or (C) below are eligible to be associate members with no voting rights. However all other rights and privileges awarded a regular member are received. **Fee \$50**

(C) Lifetime Membership:

(1) Honorary Lifetime: A membership bestowed on an individual or legal entity by the Board of Directors or the membership of the LTBA because of their contribution of time, talent and service which has been of great value to the LTBA. The Honorary Life Member shall pay no dues but shall enjoy all the Benefits of Regular Membership

(2) Lifetime: A membership paid by a one-time fee determined by the Board of Directors that entitles an individual membership rights to the LTBA. The member is entitled to one vote provided he/she meets the qualifications of Regular Membership. Although the member’s fee is fully paid, that member must complete the membership application each year and submit to the LTBA office. If such member fails to meet the qualifications of Regular Membership at any time, such member shall be considered an Associate Member with no voting rights. **Fee \$1,000**

An eligible person and/or entity must apply for membership in the appropriate class and be approved by a majority vote of the Board of Directors. The dues shall be refunded if the application is not approved. Non-payment of dues sixty (60) days prior to any election will result in default of your vote. You will be entitled to all other benefits and privileges of the association.

***REQUIRED INFORMATION**

*Individual Name / Business Entity: _____

*Mailing Address: _____

*City, State & Zip Code: _____

*Date of Birth: _____ *Social Security #: _____

Contact Numbers - Home: _____ Work: _____

Farm: _____ Cell: _____

Fax: _____ E-Mail: _____

A W-9 form must be on file with the LTBA office for payment of any incentive awards. The form should be filled out listing the full complete name of the person / entity to be paid the award with the correct social security number or tax identification number. If an award is paid to your business / farm, a separate W-9 must be on file listing the full complete name of that business / farm with its applicable Federal Tax Identification Number.

*Business Entity Federal Tax ID #: _____

*For Business Entity, please list name of voting member: _____

Check One:

- RENEWAL
- NEW MEMBER (\$75)

Check One:

- REGULAR MEMBER
- BUSINESS ENTITY
- ASSOCIATE MEMBER
- LIFETIME MEMBER

_____ Regular Member Renewal if paid before September 30, 2021, or New Membership.....	\$75.00 _____
_____ Regular Member Renewal if paid after September 30, 2021	\$85.00 _____
_____ Associate Member	\$50.00 _____
_____ Lifetime Membership	\$1,000.00 _____
_____ Contribution to Breeders Political Action Council (optional)	\$20.00 or other _____
TOTAL ENCLOSED \$ _____	

The undersigned hereby acknowledges that the information provided herein is true and correct to the best of his (her) knowledge:

SIGNATURE

PRINTED NAME

DATE

OVER FOR ADDITIONAL REQUIRED INFO

***Please list all mares and/or stallions owned, percentage owned, and their current domicile location (farm name & city) in Louisiana. This will enable the LTBA management to accurately maintain their database. Please use additional sheet if necessary.**

	MARE AND/OR STALLION	% OF OWNERSHIP	FARM DOMICILE (name and city)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE LTBA OFFICE OF ANY ADDITIONS, DELETIONS OR DOMICILE CHANGE.

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ **Go to www.irs.gov/FormW9 for instructions and the latest information.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="10" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr><td colspan="10" style="text-align: center;">or</td></tr> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>	Social security number																				or										Employer identification number																			
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Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																			

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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* Specific Instructions can be found on the IRS website. See page 2 of the W-9 form at www.irs.gov