

LOUISIANA THOROUGHBRED BREEDERS ASSOCIATION

P. O. BOX 24650 NEW ORLEANS, LA 70184 Louisianabred.com PHONE: 504-947-4676 FAX: 504-943-2149

2024-2025 MEMBERSHIP APPLICATION

DUE JULY 31, 2024

There shall be one class of membership. Any individual or legal entity is eligible for membership provided the member pays all fees and penalties. Voting privileges of members are accorded to any individual or legal entity and is registered as the breeder of at least 50% of an accredited Louisiana foal for the year in which the foal is registered and one year thereafter. Any individual or legal entity is eligible for membership and voting privileges provided the member pays all fees and penalties, if any, and is listed as currently owning not less than 100% of a stallion that is registered with the Louisiana Thoroughbred Breeders Association and standing in the State of Louisiana. A legal entity shall be allowed to designate only one member with a right to vote and any member designated with a right to vote for a legal entity must sign the attestation on the back of the membership form for the legal entity. All members of the legal entity. All breeders to an accreditation must be members to receive the membership fee rate. An eligible person and/or entity must apply for membership, and be approved by a majority vote of the Board of Directors. Upon such approval and the Executive Director confirming to the Board that the current membership dues and/or penalties have been paid, membership shall be awarded. The

dues shall be refunded if the application is not approved.

Please Check One:	*REQUIRED INFORMA	<u>ATION</u>					
RENEWAL	*Individual *Business						
(\$85 or \$1,000)	Name / Entity: Circle One	/ Business Voting Member					
BUSINESS ENTITY	*Mailing Address:	g					
(\$170)	*C'4 C4 4 9 7' C 1						
NEW MEMBER	*City, State & Zip Code:						
(\$85 or \$1,000)	*Date of Birth:	*SS or *Tax ID #:					
□ LATE MEMBERSHIP (\$100 or \$1,000)	Contact Numbers - Home:	Work:					
LATE BUSINESS ENTITY	Farm:	Cell:					
(\$200 or \$1,000)	Fax:	E-Mail:					
□ PAC CONTRIBUTION \$	A W-9 form must be on file with the LTBA office for payment of any incentive awards. Individuals will use their social security number, and farm/business entities will use their Federal Identification Number.						
How do you prefer to receive notice of	breeders awards? (please check)	For new members who wish to receive Breeders Awards via Direct					
	D Path E Mail and Mail	Deposit please provide the information below.					
E-Mail Only Mail Only	Both E-Mail and Mail	Name of Bank:					
Additional E-mails:		Account #:					
		9-Digit Routing #:					
		Type of Account: Checking Savings (please check one)					
		(By signing this document you authorize the LTBA to directly deposit					
		your awards to the account listed above.)					

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

SIGNATURE

PRINTED NAME

DATE

*Please list the names of foals you have bred in the last two years and/or stallions owned, percentage owned (you can use the mare's name and foaling year), and their current domicile location (farm name & city) in Louisiana. This will enable the LTBA management to accurately determine voting rights. All foals are not needed.

-	FOAL or STALLION REGISTERED (2023-24)	% OF Breeder	FARM DOMICILE (Farm name and city farm is located in)
1			
2			
3 _			
4			

I attest that I am a shareholder of the legal entity listed as a member on the previous page. As a member of the LTBA as well, declare that I will relinquish my vote as an individual member in order to vote as a member of the previously mentioned entity.

SIGNATURE			PRINTED NAME							DATE					
Form (Rev. 0	W-9 Doctober 2018)	Identifi	Request for cation Numbe		catio	n				reque	Form ester.	Do r	not		
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/FormW9 for instructions and the latest information.							send	to the) IRS	5.				
	1 Name (as shown	on your income tax return). Name	is required on this line; do	not leave this line blank.											
	2 Business name/c	lisregarded entity name, if different	t from above					1							
on page 3	following seven boxes.							certai	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
pe. ons (single-member LLC								pt pay	ee code	e (if any)				
+ 7 LC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is									Exemption from FATCA reporting code (if any)						
ecifi	Other (see ins		appropriate box for the ta	x classification of its own				(Applies to accounts maintained outside the U.S.)							
e S pie		, street, and apt. or suite no.) See	instructions.		Request	er's na	ame a	and add	dress (ess (optional)					
See	6 City, state, and Z	IP code			-										
	7 List account num	ber(s) here (optional)													
Pa	rtl Taxpay	er Identification Numb	per (TIN)												
		propriate box. The TIN provide				Socia	al sec	curity n	umbe	r					
reside	ent alien, sole prop	individuals, this is generally yerietor, or disregarded entity, see	ee the instructions for F	Part I, later. For other				_		-					
entitie <i>TIN</i> , la	· · · ·	ver identification number (EIN).	. If you do not have a n	umber, see <i>How to ge</i>	_	or									
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identificat							icatio	n numt	ber						
Number To Give the Requester for guidelines on whose number to enter.]					
Dou		ation													
Par	t II Certific														
1. The 2. I ar Sei	e number shown or n not subject to ba rvice (IRS) that I ar	n this form is my correct taxpa ckup withholding because: (a) n subject to backup withholdin ackup withholding; and	I am exempt from bac	kup withholding, or (b) I have n	ot be	en n	otified	by th	ne Inter					
		other U.S. person (defined bel	· ·			-									
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you ha acquia	ave failed to report a sition or abandonme	s. You must cross out item 2 ab all interest and dividends on you ent of secured property, cancella vidends, you are not required to	ir tax return. For real estation of debt, contribution	ate transactions, item 2 ons to an individual retir	2 does no rement ar	t appl range	ly. Fo	or morte t (IRA),	gage i and g	interes general	t paid, ly, payı	nents	5		

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