



# LOUISIANA THOROUGHBRED BREEDERS ASSOCIATION

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

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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 must be members of the LTBA. A member can only vote once per election be it as an individual member or as a selected member of a 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:

- RENEWAL  
(\$85 or \$1,000)
- BUSINESS ENTITY  
(\$170)
- NEW MEMBER  
(\$85 or \$1,000)
- LATE MEMBERSHIP  
(\$100 or \$1,000)
- LATE BUSINESS ENTITY  
(\$200 or \$1,000)
- PAC CONTRIBUTION  
\$ \_\_\_\_\_

### **\*REQUIRED INFORMATION**

\*Individual \*Business  
Name / Entity: \_\_\_\_\_ / \_\_\_\_\_  
Circle One Business Voting Member

\*Mailing Address: \_\_\_\_\_

\*City, State & Zip Code: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*SS or \*Tax ID #: \_\_\_\_\_

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. 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)

- E-Mail Only
- Mail Only
- Both E-Mail and Mail

Additional E-mails: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For new members who wish to receive Breeders Awards via Direct Deposit please provide the information below.

Name of Bank: \_\_\_\_\_

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 _____	_____	_____

**SEE REVERSE SIDE FOR ADDITIONAL REQUIRED INFO**

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 **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <b>one</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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)			

<b>Part I Taxpayer Identification Number (TIN)</b>																															
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; padding: 2px;"><b>Social security number</b></td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>	<b>Social security number</b>																				-				-					
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<b>Note:</b> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	<b>Employer identification number</b>																				-									
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<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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