

Canadian Thoroughbred Horse Society

National Office

PO Box 172, Rexdale, Ontario M9W 5L1

Tel: 416-675-1370 Fax: 416-675-9525 Email: cths@idirect.com

Courier Address: 555 Rexdale Blvd., Sales Pavilion, Woodbine Race Track, Rexdale, ON, M9W 5L1

The **Canadian Thoroughbred Horse Society** is a national organization, incorporated under the Animal Pedigree Act, representing breeders of Thoroughbred horses in Canada. There are division offices in Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan (see listing on the back of this sheet). Two forms of membership are available:

1. ANNUAL FULL MEMBERSHIP: for persons, partnership or companies **who are owners of a Thoroughbred for the purpose of breeding Thoroughbreds in the current year** in Canada, whose application has been approved by the National Board and who have paid the prescribed membership fee. This type of membership entitles the member to:

- register foals at a preferred fee
- vote at C.T.H.S. meetings
- hold office
- give notice to Amend the By-laws
- participate fully in all activities and programs of the C.T.H.S. Division in which they reside.

NEW MEMBERS DUES: **\$105.00** (\$100.00 + \$5.00 GST)
(*\$75.00 is returned to the provincial division in which the member lives*)

RENEWING MEMBERS DUES: **\$105.00** (\$100.00 + \$5.00 GST) if paid by January 31
(*\$75.00 is returned to the provincial division in which the member lives*)

\$157.50 (\$150.00 + \$7.50 GST) if paid after January 31.
(*\$112.50 is returned to the provincial division*)

2. ASSOCIATE MEMBERSHIP: for persons, partnerships or companies whose application has been approved by the National Board and who have paid the prescribed fees. Associate Members can not register foals at the preferred fee, vote at meetings, hold office or give notice to amend the By-laws.

ANNUAL DUES: **\$52.50** (\$50.00 + \$2.50 GST)
(*\$25.00 is returned to the provincial office in which the member lives*)

3. FAMILY MEMBERSHIP: for those persons who are the dependent children of an Annual Member not older than 24 years, or a spouse of an Annual Member, who resides with the Annual Member. The "Family Member(s)" will be able to register foals at the preferred Annual Member fee and will receive as a membership benefit, the \$25,000 Accidental Death and Dismemberment Insurance Policy. They will not have voting privileges or receive CTHS publications.

ANNUAL FEE: \$21.00 (\$20.00 + \$1.00 GST) EACH

ANNUAL FULL MEMBERSHIPS and ASSOCIATE MEMBERSHIPS include a subscription to the Canadian Thoroughbred Magazine, provincial publications and appropriate advertising as approved by the CTHS Divisions. Also, included as a membership benefit is a \$25,000 Accidental Death and Dismemberment Insurance Policy and reduced rates for many types of insurance for farms, horses, etc.

MEMBERSHIP YEAR is January 1 to December 31.

LAPSED MEMBERS may renew for \$105.00 without being charged an initiation fee or reactivation fee.

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APPLICATION FOR MEMBERSHIP

Name for Membership: (please print)
(recommend that the membership name and name of the breeder for foal registration be the same)

Contact person: Same as above: Other:

Address:

City: Postal Code:

Telephone: Fax: Email:

PLEASE SELECT MEMBERSHIP TYPE AND SIGN ACCORDINGLY

ANNUAL FULL MEMBER:

I/We do apply for Membership and do, hereby agree to conform to the By-Laws of the **CANADIAN THOROUGHbred HORSE SOCIETY** and that I/we must be the owner of at least one Thoroughbred for the purpose of breeding Thoroughbreds in the current year. I/We enclose the prescribed fee of **\$105.00** (\$100.00 + \$5..00).

Dated:

Signature

.....
Please print name.

The above signature represents the person AUTHORIZED to sign on behalf of this membership. This person is considered the "voting" member.

The following "Family Member(s)" who are my dependent children of the Annual Member under 24 years of age, and/or my spouse, who reside at the above address apply for membership at the prescribed fee of \$21.00 (\$20.00 + GST) per Family Member:

Name	Relationship
_____	_____
_____	_____

(if more family members, please include on the back of this form)

ASSOCIATE MEMBER:

I/We do apply for Associate Membership and do, hereby agree to conform to the By-laws of the **CANADIAN THOROUGHbred HORSE SOCIETY.** I/We have included the prescribed fee of **\$52.50** (\$50.00 + \$2.50 GST).

Dated:

Signature

.....
Please print name

Please make cheques payable to CTHS (National Office) at address above

