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**APPLICATION FOR MEMBERSHIP  
(PLEASE PRINT)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**AGCO/STANDARD BRED CANADA #:** \_\_\_\_\_

**AGCO LICENSE TYPE: (CHECK ALL THAT APPLY)**

**OWNER** \_\_\_ **TRAINER** \_\_\_ **DRIVER** \_\_\_ **GROOM** \_\_\_ **BLACKSMITH** \_\_\_ **OTHER** \_\_\_

**I HEREBY APPLY FOR MEMBERSHIP IN THE CENTRAL ONTARIO STANDARD BRED ASSOCIATION. I AGREE TO ABIDE BY THE BY-LAWS OF THE ASSOCIATION AS APPROVED BY THE MEMBERS FROM TIME TO TIME.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY**  
**APPROVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_