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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: _____