



LOUISIANA THOROUGHBRED BREEDERS ASSOCIATION

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

PHONE: 504-947-4676
1-800-772-1195
FAX: 504-943-2149

2015-2016 MEMBERSHIP APPLICATION
DUE JULY 1ST

According to the LTBA Bylaws, there shall be four (4) classes of membership: Regular, Business Entity, Associate, and Lifetime. The qualifications and voting privileges of each class are as follows:

(A)(1) Regular Membership: An individual of majority actively engaged in the breeding of a thoroughbred horse domiciled in Louisiana that he/she owns or whose interest in multiple breeding horses domiciled in Louisiana totals one hundred percent (100%).

(2) Business Entity Membership: A legal entity, (Corporation, Partnership, LLC, LLP, Estate, Farm other than an individual) which owns at least one thoroughbred breeding horse domiciled in Louisiana or whose interest in multiple breeding horses domiciled in Louisiana totals one hundred (100%) percent.

(B) Associate Membership: Persons not eligible for membership under (A) above or (C) below are eligible to be associate members with no voting rights. However, all other rights and privileges awarded a regular member are received. Fee \$50

(C) Lifetime Membership: An individual of full age of majority engaged in the breeding of thoroughbred horses who owns at least one thoroughbred horse domiciled in Louisiana or whose interest in multiple breeding horses domiciled in Louisiana totals one hundred percent (100%). Such members have one vote only. This is a one-time payment which lasts the lifetime of the member as long as they maintain their eligibility. Fee \$1,000

An eligible person and/or entity must apply for membership in the appropriate class and be approved by a majority vote of the Board of Directors. The dues shall be refunded if the application is not approved. Non-payment of dues sixty (60) days prior to any election will result in default of your vote. You will be entitled to all other benefits and privileges of the association.

\*REQUIRED INFORMATION

\*Individual Name / Business Entity: \_\_\_\_\_

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

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

\*Date of Birth: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

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. The form should be filled out listing the full complete name of the person / entity to be paid the award with the correct social security number or tax identification number. If an award is paid to your business / farm, a separate W-9 must be on file listing the full complete name of that business / farm with its applicable Federal Tax Identification Number.

\*Business Entity Federal Tax ID #: \_\_\_\_\_

\*For Business Entity, please list name of voting member: \_\_\_\_\_

Check One:

- RENEWAL
NEW MEMBER (\$75)

Check One:

- REGULAR MEMBER
BUSINESS ENTITY
ASSOCIATE MEMBER
LIFETIME MEMBER

Table with membership options and fees: Regular Member Renewal (before/after Sept 30, 2015), Associate Member, Lifetime Membership, Contribution to Breeders Political Action Council (optional), and TOTAL ENCLOSED \$.

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 all mares and/or stallions owned, percentage owned, and their current domicile location (farm name & city) in Louisiana. This will enable the LTBA management to accurately maintain their database. Please use additional sheet if necessary.

	MARE AND/OR STALLION	% OF OWNERSHIP	FARM DOMICILE (name and city)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE LTBA OFFICE OF ANY ADDITIONS, DELETIONS OR DOMICILE CHANGE.

Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2>	<b>Give Form to the requester. Do not send to the IRS.</b>
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Print or type See Specific Instructions on page 2.*	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional) Louisiana Thoroughbred Breeders Assoc. P.O.Box 24650, New Orleans, LA 70184 504-947-4676	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> 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 Part I instructions on page 3. 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> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="6"></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 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">-</td> <td colspan="8"></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 on page 3.	

<b>Sign Here</b>	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](http://www.irs.gov)