



Request For Transfer Of Blood Samples To DNA

Registration No.	Registered Name of Horse	Conversion Fee
		<input type="checkbox"/> \$45.00
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Annual Adult Membership		<input type="checkbox"/> \$75.00

I am an: ___owner, ___breeder, ___trainer, ___exhibitor,
 ___other (4-H, FFA, vendor, friend, etc.) and agree
 to abide by the By-Laws, Rules and Regulations of the TWHBEA,
 support its objectives, and comply with its standards of conduct.

Total Amount: _____

* Geldings Not Required Unless Used
 For Service Prior To Being Gelded.

Signature _____

Address _____

City/State/Zip _____

Telephone _____

Email Address _____

Credit Card Information

Name as it appears on card _____

Credit Card Number

/

Expiration

Circle One:

Visa Mastercard

Discover AE