

MEADOWS STANDARDBRED OWNERS ASSOCIATION APPLICATION FOR MEMBERSHIP 2025

DUES: \$30 per year.

Member Benefits:

• Third-Party Liability Insurance

Card No.

CVV Code: _____

- Fire and Disaster Insurance
- Representation to Pennsylvania Harness Racing Commission, Pennsylvania Gaming Control Board, Pennsylvania State Capital and Track Management

Exp. _____

• Sulky Insurance • Tra	iner/Driver Health and Retirement Benefits (if qualified)
(One Form per applicant.)	
APPLICANT NAME:	BIRTHDATE:
ADDRESS:	——— USTA NO:
	CELL PHONE:
EMAIL ADDRESS:	
I AM LICENSED IN PA AS OWNERS/TRAINERS ONLY	S: Owner Driver Trainer
I own or train the following <u>HORSE</u> , which is r	acing at The Meadows in 2025 or raced at The Meadows in My trainer is:
TRAINERS/DRIVERS ONLY	
ASOA Political Action Committee, which is used to pro Harrisburg.	contribute \$5 of the \$20 starter bonus fee awarded to you to the etect our profession from any potentially harmful changes in
Trainer/Driver MEMBERS: Check this box if awarded to you to the MSOA Political Actio withdrawn at any time)	you elect to contribute \$5 of every \$20 starter bonus fee on Committee. (Note: this is voluntary election and can be
Association/Mountain Laurel Racing. I agree	nderstand that my membership is contingent upon
Signature:	Date:
By checking this box, you agree to	allow the MSOA to text you.
Return to: MSOA, PO Box 2	253, Meadow Lands, PA 15347
Payment Method: Check	Money Order Visa/Mastercard
Name as it appears on card:	

Signature: _____