



theMSOA.com

# MEADOWS STANDARDBRED OWNERS ASSOCIATION APPLICATION FOR ASSOCIATE MEMBERSHIP 2025

DUES: \$10 per year.

APPLICANT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

PA GROOM LICENSE NO. \_\_\_\_\_

My Trainer is: \_\_\_\_\_

**The MSOA is my sole authorized representative for contract negotiations with Washington Trotting Association/Mountain Laurel Racing.** I agree to abide by the Bylaws of the MEADOWS STANDARDBRED OWNERS ASSOCIATION. I understand that my membership is contingent upon completion of all items above and upon payment of dues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: MSOA, PO Box 253, Meadow Lands, PA 15347**

Payment Method:  Check  Money Order  Visa/Mastercard

Name as it appears on card: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

CVV Code: \_\_\_\_\_ Signature: \_\_\_\_\_