theMSOA.com

MEADOWS STANDARDBRED OWNERS ASSOCIATION APPLICATION FOR ASSOCIATE MEMBERSHIP 2027

DUES: $20 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:** _____

Membership dues are 100% allocable to non-deductible lobbying expenditures and are not deductible as an ordinary and necessary trade or business expense