2027 ATOA Membership Form

American Tobiano Overo Association

Complete this form to join or renew for the January 1 through December 31, 2027 membership year.

☐ New Membership	☐ Membership Renewal	Member Number _____

Member Information

Full Legal Name _____	Farm Ranch or Business Name optional _____
Mailing Address _____	City _____
State or Province _____	ZIP or Postal Code _____
Phone Number _____	Email Address _____

Membership and Communication

Preferred contact method ☐ Email ☐ Mail ☐ Phone
Your interests ☐ Horse owner ☐ Breeder ☐ Exhibitor ☐ Youth programs ☐ Professional ☐ Supporter

2027 Membership Dues

Item	Rate	Amount
☐ Standard ATOA Membership for 2027	**$39.00**	$_____
☐ October renewal with code ATOA26 10% off	**$35.10**	$_____

Total Enclosed $_____

Payment Method

☐ Check enclosed payable to American Tobiano Overo Association	☐ Online payment completed	☐ Contact me with payment instructions
Promo Code _____ **Payment Reference** _____		**October code ATOA26**

Applicant Agreement

I certify that the information provided on this form is accurate. I agree to follow the current rules, bylaws, policies, and membership requirements of the American Tobiano Overo Association.

Applicant Signature _____	Date _____

Return completed form to ATOA 789 W M-113 Kingsley MI 49649

Email ATOApaints@gmail.com