

Membership Application

American Tobiano Overo Association 789 W M-113 Kingsley, MI 49649 (231)620-4042 Americantobianooveroassoc.com

Americantobianooveroassoc@gmail.com

Name: _____ City: _____ Zip Code: _____ Zip Code: _____ Country:_____ Date of Birth: _____ Phone: Email: Select Membership Type: 1 year Open-\$50 Amateur -\$50 Youth -\$25 __ Youth-\$45 2 year Open-\$90 Amateur -\$90 3 year ____ Open-\$120 ____ Amateur -\$120 ____ Youth-\$60 Youth, Amateur, and Open classifications determined by APHA, AQHA, NSBA rules* Membership fee are subject to change without notice and are non-refundable Method of Payment Check ____ Online Payment ** (4% processing fee) Please make checks payable to American Tobiano Overo Association (ATOA) with the note "Membership" Please go to Americantobianooveroassoc.com to pay credit or debit We do accept Zello, Venmo

By signing this form, you are agreeing to abide by all ATOA rules and programs set forth by the board of directors, written or unwritten, present or future. You acknowledge that ATOA has the right to suspend

Payment must be received to make membership valid

any members, for any period of time of indefinitely, if found in violation of any rule, including, animal abuse and mistreatment, unsportsmanlike conduct, or any other behavior ATOA deems inappropriate cunacceptable.	
Youth Signature	
Parent/Guardian Signature	Open/Amateur Signature