

Washington HBPA Member - Signature Card

AS AN OWNER OR TRAINER LICENSED BY THE WHRC TO RUN HORSES AT EMERALD DOWNS, I UNDERSTAND THAT I AM A DUES-FREE MEMBER OF THE WASHINGTON HORSEMEN'S BENEVOLENT AND PROTECTIVE ASSOCIATION, INC. AND THAT I AM ENTITLED TO ALL BENEFITS ESTABLISHED BY THE WHBPA FOR ITS MEMBERS INCLUDING MEMBERSHIP IN THE NATIONAL HBPA.

Per the Emerald Downs "Application for Stalls" signed by myself or my trainer, I hereby acknowledge that the Washington Horsemen's Benevolent and Protective Association, Inc. acts as my sole and exclusive agent and representative for the purpose of negotiating and executing, or refusing to execute, with NWRA/Emerald Downs and all contracts and agreements relating to Thoroughbred racing in the state. By appointment, I hereby revoke any and all previous authorities give by me for similar purposes.

NAME: (PLEASE PRINT): _____

STABLE, CORPORATION, SYNDICATION OR FARM NAME (as it appears on the program):

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

CHECK ONE: OWNER TRAINER OWN/TRNR WHRC # _____ YR _____

SIGNATURE: _____ DATE: _____

IN ACCORDANCE WITH RCW 42.56.070, ONLY MEMBERS THAT PROVIDE THEIR CONTACT INFORMATION DIRECTLY TO THE WHBPA WILL RECEIVE THE FOLLOWING BENEFITS & CORRESPONDENCE.

PLEASE FORWARD MY MAILING AND/OR EMAIL ADDRESS TO:

- NHBPA & HORSEMEN'S JOURNAL (Paid by WHBPA - one per household)
- EMERALD DOWNS CHAPLAINCY
- WASHINGTON THOROUGHBRED BREEDERS _____ INITIAL

- PLEASE KEEP ME INFORMED VIA EMAIL
- LET ME KNOW ABOUT VOLUNTEER OPPORTUNITIES

ALTHOUGH I REMAIN A WHBPA MEMBER, I WISH TO **"OPT OUT"** OF THE FOLLOWING CORRESPONDENCE AND BENEFITS: (MEMBER MUST INITIAL)

- OPT OUT** - PARTICIPATION IN WHBPA ELECTION - DO NOT MAIL ME ANY ELECTION CORRESPONDENCE AND BALLOT _____ INITIAL
- OPT OUT** - REMOVE MY NAME FROM ALL MAILINGS _____ INITIAL

YOU MAY CHANGE ANY OF THIS INFORMATION AT ANY TIME BY CONTACTING THE WASHINGTON HBPA



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