

**Standardbred Breeders and Owners
Association of New Jersey**



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2026 Membership Form

ASSOCIATE MEMBER

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Business/Affiliation: _____

SIGNATURE: _____ **Date:** _____

Amount Enclosed

() \$25 One year membership 2026 \$ _____

() Donation to TrotPAC \$ _____

NEW JERSEY HARNESS RACING'S POLITICAL ACTION COMMITTEE

TOTAL \$ _____

Include check made payable to: SBOANJ or provide the following credit card information:

Card Type: VISA MC DISCOVER AM EXPRESS

Card #: _____

Exp. Date: _____ CVV2/CID code: _____

For office use only

Paid date: _____

Check #: _____

Amount Paid: _____