



# Cloverleaf S.O.A. Application for Membership

P. O. Box 156 ~ Temple Hills, MD 20748 ~ Phone: 301-567-9636 1-800-543-6802  
e-mail: cloverleaf@erols.com ~ website: www.cloverleafsoa.org

C.S.O.A. is my sole authorized representative for contract negotiations with Rosecroft and Ocean Downs.

With this membership I hereby revoke any and all authorities given by me for similar purpose. **ANNUAL DUES \$30.00**

*Up to 100% of your annual dues may be used for lobbying legislation favorable to the harness racing industry.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ USTA No. \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ MRC No. \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_  Renewal  Owner

\_\_\_\_\_ Fax: \_\_\_\_\_  New  Trainer

\_\_\_\_\_ e-mail: \_\_\_\_\_  Driver

Other

*Signature of Applicant*  
REQUIRED FOR VALIDATION OF BALLOT

Training Facility address: \_\_\_\_\_  
(if applicable for Fire & Disaster Ins.)

PLEASE KEEP C.S.O.A. ADVISED OF  
ANY CHANGES TO INFO ON THIS CARD

**ALL MEMBERSHIPS ARE GOOD THROUGH THE CALENDAR YEAR**

## HOW IMPORTANT IS YOUR SIGNATURE?

**Please remember to sign your membership renewal application**

- The signature on this membership card is validated against the signature on the ballot envelope before your ballot is accepted for counting. **Make sure ONLY the applicant named on the front of this card signs both.**
- Membership applications or ballot envelopes without signatures invalidate your vote.
- All ballots received with a signature that is questionable could also invalidate your vote. The questionable signatures must be assessed and approved/declined for counting by the Election Committee.

*Your signature is very important!*

## INSURANCE:

### Third Party Liability and Fire & Disaster

Cloverleaf S.O.A., Ocean Downs and Rosecroft provide Fire & Disaster insurance coverage up to \$15,000 for **member's** racehorses and \$7,500 for **member's** equipment destroyed by fire at their facility, as well as liability insurance in the event your horse causes damage to someone else's property. The insurance company mandates that your personal training facility address be available for their roster. If you opt to purchase Fire & Disaster insurance for your own personal training facility, you must complete an application with them; and you must be a current C.S.O.A. member with a training facility address listed on your application.

**Please ensure that we have your training facility address on the front of this application. Thanks.**

If none, please state 'n/a'