

2014 Amateur/Novice Amateur/Walk-Trot Card Application



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 222-6436 • Fax (817) 222-8489
apha.com/amateur • amateur@apha.com

See Rule AM-205 for Novice Amateur Eligibility

See Rule AM-300 for complete Walk-Trot rules

COMPLETE APPLICATION IN FULL

Omitting information will delay processing

A. *Please note: Applicants are not eligible for the Amateur Program until the age of 19 (unless proof of marriage is provided) as of January 1, 2013.

Last Name: _____ First Name: _____ Middle Initial: _____

APHA Amateur ID # (if known): _____ **Birth Date (Required):** _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Indicate Age Group: 19-44 years - Classic 45 years and older - Masters

Indicate Status: Amateur Card Novice Amateur Card (includes Am & Nov Am)

Walk-Trot Card

I understand that **I can ONLY** show Walk-Trot classes (PLUS Showmanship, Halter and In-Hand classes) at APHA-approved shows.

Your Occupation: _____

If occupation is horse-related, please explain: _____

Spouse's name (if applicable): _____ Spouse's occupation (if horse-related): _____
See Rules AM-010.A.2.b and AM-020.A.3

Name of horse(s) to be exhibited: _____

Owner of Horse(s): _____

Relationship to owner or joint owner: _____
See Rule AM-020 (If not related, state "No Relation")

B. STATEMENT OF ELIGIBILITY Please carefully read and answer the following questions to ensure you meet program eligibility requirements.

• Have you accepted payment, directly or indirectly, for riding, training, exhibiting, schooling or driving horse(s) or solicited for such at any time during the past five years (60 months)? **YES** **NO**

• Have you instructed another person, or conducted a seminar in riding, driving, training or showing a horse at any time during the past five years (60 months) for payment? **YES** **NO**

• Have you shown, trained, or assisted in the training of a horse for which your spouse, at the time, accepted any form of payment, either directly or indirectly, for training, assisting in training, or showing of said horse(s) any time during the past 5 years (60 months)? **YES** **NO**

• Have any of your expenses (including but not limited to lodging, transportation, mileage, etc.) been paid by someone else other than family members as listed in rule AM-020? **YES** **NO**

• Are you now, or have you ever been approved as a horse show judge by any breed or show association? **YES** **NO**

• Have you judged any horse shows, Open, 4-H, or approved breed shows during the past five years (60 months) for payment? **YES** **NO**

• Were you paid a fee for exhibiting any horse(s) during the past 60 months?
If yes, state name and relationship to person making payment: **YES** **NO**

If you answered "Yes" to any of the questions listed above, please explain (use additional paper if necessary):

C. COMPLETE THE FOLLOWING:

- 1) **Have you ever shown and earned points in any equine competition/show?** YES NO
 *If no points, titles or money have been earned, please state "None Earned."
- 2) **If yes, please circle all that apply:** Open Shows, 4-H, APHA, AQHA, POA, PtHA, ApHC, IBHA, PHBA, AHA, AMHA, ABRA, NCHA, NRHA, NRCHA, NSBA, NBHA, USEF, PRCA Other:
- 3) **Have you won a World or Reserve World title with any association?** YES NO
 If so, please list all titles won, including class: _____
- 4) On the table below, please list **ALL lifetime performance points and money you earned** with each horse from **other** equine associations.
 **If only APHA Youth, Amateur and Novice Amateur points have been earned, please state:
 "APHA Youth/Amateur/Novice points only." If no points or money have been earned, please state: "None Earned."

Organization	Divison	Class	Points, Money & Titles Earned
EX: AQHA	NOVICE AMATEUR	WESTERN PLEASURE	37 POINTS + RES WC IN 2012

Please list all names that you have earned points under (maiden name, married name, etc.): _____

D. ALL APPLICANTS MUST SIGN

In submitting this application for status in the APHA Amateur Program, I affirm that the information contained herein is true and correct. I understand that my status in the APHA Amateur Program and my APHA Amateur/Novice Amateur/Walk-Trot card is revocable. Should the Association find that, for any reason, I am no longer eligible to compete in APHA-approved Amateur/Novice Amateur/Walk-Trot classes, I agree to surrender said card to the Association immediately upon request. Furthermore, should I, for any reason, become ineligible to compete as an Amateur/Novice Amateur/Walk-Trot exhibitor, I will refrain from exhibiting in the corresponding classes, and I agree to voluntarily surrender my APHA Amateur/Novice Amateur/Walk-Trot card to the Association without request. Failing to do so, I am subject to possible disciplinary action under the Association's general rules.

By signing this application for Amateur status, I acknowledge responsibility for knowledge of APHA rules regarding the Amateur program.

Signature of Applicant: _____ **Date:** _____

Note: APHA reserves the right to check all breed registries or equine associations for points, money and titles earned.

FEES:

Fees are payable in U.S. funds only and must accompany application. Normal processing time is approximately 3-4 weeks. Letters will be sent for incomplete applications requesting additional information. If no response from applicant upon deadline date, an office charge will be kept and any remaining credit will be refunded. You may then reapply.

All exhibitors must be current APHA members. Amateur cards expire on December 31 of the year issued.

Amateur/Novice Amateur or Walk-Trot Card *Must be a current APHA Member* \$15 _____

Amateur/Novice Amateur or Walk-Trot Card PLUS APHA Membership \$55 _____

Please e-mail/fax my new card **E-mail / Fax No.:** _____ \$5 _____
 (Note: This option saves on return mailing time, but not processing time.)

Additional Rush Fee Processed within 7-10 business days if application is complete and correct. \$25 _____
 (Includes e-mail card return) Need card by: _____ Note: This date is not guaranteed.

TOTAL AMOUNT DUE \$ _____

PAYMENT:

Check or Money Order enclosed **VISA** **MasterCard** **American Express**
 If you pay by check, your check may be converted into an electronic funds transfer.

Credit Card Number: _____ Exp. Date: _____ CVV #: _____

Name on Card: _____ Signature: _____

RETURN THIS FORM TO:



American Paint Horse Association

Attn: Director of Amateur Activities
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