

AQHA Professional Horsemen Application

MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168 WWW.AQHA.COM • € (806) 376-4811

Name	Name									_	Phone	(pref	erred n	umber	to be li	sted or	the W	eb site											
Addre	ss		•		•		•	•							 •				-	Phone	(this	is a sec	ond n	umber	if need	ed)		_	
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MISSION STATEMENT

To enhance and promote industry professionals of the American Quarter Horse Association as the premier purveyors of equine services. The association serves to foster credibility, proficiency and advocacy, through the endorsement of superior industry standards that will enable professionals to excel in a sustainable career.

- Membership in AQHA Professional Horsemen is a privilege, not a right, subject to continual review of the Professional Horsemen's Council and/or the Executive Committee. Membership in the Professional Horsemen may be terminated by the Professional Horsemen's Council and/or the Executive Committee with or without notice and formal hearing.
- By becoming a member of AQHA Professional Horsemen, such member understands that the equine industry and clients expect a higher standard of conduct. As such, member understands and agrees that AQHA has the right to investigate complaint(s) regarding a member's alleged conduct. Further, such member must cooperate in the investigation and abide by decisions concerning application approval and revocation of membership.
- The undersigned does herby waive any right he/she may have to require disclosure to him/her by the Association of any information obtained to evaluate him/her as a Professional Horseman, agreeing that the accuracy of information concerning the undersigned's character, reputation and horsemanship abilities is paramount to his/her disclosure rights, if any.

Applicant's Signature	Date	

AQHA Professional Horsemen Code of Ethics

We the members of the American Quarter Horse Association of Professional Horsemen, in carrying out our role of providing service to the American Quarter Horse industry, recognize the need to do so in a professional manner, and to deal with the public and our colleagues with the highest degree of integrity. Therefore, we have set forth the following creed which shall govern our endeavors to fulfill our obligations:

- To adhere to the professional standards of the American Quarter Horse Association and to work to further its goals and objectives.
- To ensure that the welfare of the American Quarter Horse is paramount and that every American Quarter Horse shall at all times be treated humanely and with dignity, respect and compassion.
- To monitor show grounds for inhumane treatment and for two Professional Horsemen to discuss unacceptable training or inhumane treatment with the offenders on site.
- To conduct all business affairs with integrity, sincerity and accuracy in an open and forthright manner.
- To act with integrity in financial dealings with clients, other professionals and the public. In this regard, any horse shown by my spouse, client or child will be economically owned as prescribed by the applicable rules.
- To handle our business and operations in a manner which promotes the image of the American Quarter Horse industry.
- To instill confidence among clients and the public in the American Quarter Horse industry, avoiding any action conducive to discrediting it or membership in the American Quarter Horse Association.

By signing this application, I agree to be bound by the rules of application and the Code of Ethics of the American Quarter Horse Association of Professional Horsemen. I understand that in order to participate in this program, I must maintain a continuous individual membership with AQHA.

Applicant's Signature:	Date:

4aHORSE is an AQHA-operated Web site and referral service designed to provide horse enthusiasts and potential owners or riders with reliable and timely information on horses for sale, professional services such as training and riding instruction, and horse vacations. By being a member of the American Quarter Horse Association of Professional Horsemen, you automatically are eligible to be placed in the 4aHORSE referral database. Please indicate your choice here: O I wish to be placed in the 4aHORSE referral program. O I do not wish to be placed in the 4aHORSE referral program. YEARS OF OPERATION: Years as a trainer: ______ Years as a riding instructor: _____ Years at current location: If less than two years, list previous location: Address: _____ City, State, Zip: _____ MEMBERSHIPS: O USA Equestrian Inc. O AOHA Affiliate O National Cutting Horse Association O National Barrel Horse Association O National Reined Cow Horse Association O National Reining Horse Association O WPRA O National Snaffle Bit Association O PRCA O U.S. Dressage Federation O National Thoroughbred Association Other Associations: **IUDGES CARD(S) HELD:** O American Quarter Horse Association O USA Equestrian Inc. O American Miniature Horse Registry O American Paint Horse Association O Canadian Equestrian Federation O Appaloosa Horse Club, Inc. O International Buckskin Horse Association O National Cutting Horse Association O National Reining Horse Association O National Snaffle Bit Association O Palomino Horse Breeders of America O Pinto Horse Association O Pony of the Americas Club O National Reined Cow Horse Association REFERENCES: References are required from two current AQHA Professional Horsemen, two clients and a National Director. These references will be contacted by AQHA. Professional Horseman Professional Horseman Name: Name: Address: Address:____ City, State, Zip: City, State, Zip: Phone: Phone: Client Reference Client Reference Name: Name: Address:____ Address:____ City, State, Zip: City, State, Zip: Phone: Phone: National Director Name: _____ Address: City, State, Zip: Phone: SERVICES OFFERED: (check all that apply) O Boarding/Layups O Conditioning for sales O Mare care/Foaling services O Frozen/Cooled Semen O Incentive Fund Nominated: ____ Stallions ____ Foals O Horse Shoeing O Horse Auctions Other_ TRAINING: Show: O Youth O Amateur O Open Western: O Rail O Reining O Cutting O Halter O Roping O Versatility Ranch Horse O Speed Events O Cow horse O Pattern Classes O Driving O Rail O Fences O Pattern Classes English: O Beginning O Intermediate O Advanced Horsemanship Lessons: O Handicapped Riding Do you have lesson horses available: O Yes O No Are you a member of a Trainer/Instructor Certification Program? O Yes O No If yes, please list the programs:

Other services (please specify):

Do you want to be referred for horse sales? O Yes O No											
If yes, you must complete the financial information below and abide by the following statement:											
As an expressed condition to referral of potential customers by AQHA, the undersigned agrees not to charge or receive a monetary commission, or other remuneration constituting a commission from both the buyer and seller of a horse involved in the transaction in which the undersigned is representing a client in the purchase or sale thereof.											
The undersigned agrees the violation of this expressed condition constitutes a violation of the Code of Ethics requiring integrity in financial dealings with clients, other professionals and the public, and shall be grounds for removal from membership in AQHA's Professional Horsemen Program.											
How do you market your horses? (check all that apply) O Private Treaty O Public Sales O Production Sales											
Price range of horses for sale: (check all that apply)											
○ \$5,000 or under ○ \$5,001 - \$10,000 ○ \$10,001 - \$25,000 ○ more than \$25,000											
FINANCIAL INFORMATION: (MUST be complete if you want to be referred for horse sales)											
List at least one financial institution that has knowledge of your credit worthiness and business reputation.											
A letter of recommendation from the financial institution must accompany this application.											
Name											
Address											
City											
Daytime Phone											
From U.S., Social Security Number From Canada, Social Security Number											
CONSENT OF CREDIT INFORMATION REQUEST											
As an applicant, AQHA may request an investigative consumer report that will include information as											
to my character, general reputation, personal characteristics and mode of living. Said report is covered by the											
Fair Credit Reporting Act, which is a federal law. Under its provisions, AQHA may need another signed											
authorization for such disclosure at the time the report is ordered.											
However, this questionnaire shall constitute my written consent for AQHA or any other person or											
organization authorized to request credit worthiness. Said persons also are authorized to request credit, financial											
or business information concerning me from any credit bureau or their statistical organization and that, upon											
request, I will give AQHA further authorization as is needed.											
The above information and consent for credit investigation is true and correct to the best of my											
knowledge and belief, and is hereby submitted by the undersigned to support my pending application for											
membership in the American Quarter Horse Association Professsional Horsemen's Program. If at any future											
time AQHA determines there is the need for additional information, I agree to promptly provide such information and fully cooperate to show myself a worthy candidate for membership.											
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Date

Signature

HORSE SALE REFERRAL:

PROFESSIONAL HORSEMEN MUST MAIN	ITAIN A CU	RRENT-YE	AR, INDIVID	UAL AQHA MEMBERSHIP
Are you a current, individual AQHA Mem If so, list your customer ID #	ber? O Ye	es O No		
If not, please mark below the AQHA mem)	ı wish to o	btain:	
Please mark below the Professional Horsen	nen membe	ership you	wish to obta	in:
1	50* 120* ated to one o	f these progr	ams benefittin	ng Professional Horsemen.
Please apply my donation to the followin O Professional Horsemen's Crisis Fund O Professional Horsemen's Development If no box is checked, the donation	d ent Fund	O Prof		semen's Scholarship Fund
Would you like to subscribe to AQHA's m	agazine? If	so, please	mark your c	hoice below:
	1yr	3yr	1yr	1yr
	U.S.	U.S.	Canada	International
The American Quarter Horse Journal	O \$25	O \$60	○ \$50	○ \$80
If paying by credit card, your members in the convenient auto-renewal program				led
O I would not like to enroll my membership in	the auto-ren	newal progra	ım.	

Dues payments MAY BE deductible by members as ordinary and necessary business expenses; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. \$1 of your annual membership dues is designated for a subscription to America's Horse, AQHA's official member publication. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

FEES SUBJECT TO CHANGE.

PLEASE DO NOT SEND CASH

Please list total amount enclosed (U.S. funds only) _____

Send completed form to:

AQHA
ATTN: Professional Horsemen
P.O. Box 200
Amarillo, Texas 79168
(806) 376-4811

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