

AQHA Professional Horsemen Application

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

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Name		•		•					•					•	 •	•	_	Phor	ne (pi	eferr	ed nu	mber t	o be li	sted o	n the w	ebsite)		
]		T									
Addre	Address Phone (this is a second number if needed)																											
City																		State	9		Z	ip						
Websi	te addr	ess (if	availab	le)		•			•	•	•	•		•	•	•												
Count	ry							Email a	ddress	(if ava	ilable)		 	 	 			_										
	Must maintain individual, current-year membership																											
AQHA	QHA Identification Number Other AQHA ID numbers you may have																											
	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 AQHA 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:	Da	ite:

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 abide by stringent rules established and enforced by AQHA demanding that American Quarter Horse breeders, owners, trainers, exhibitors, show officials, judges and professional horsemen are continually responsible for the wellbeing and humane treatment of any American Quarter Horse entrusted to their care.
 These rules include, but are not limited to, prohibited training practices, prohibited surgical procedure, prohibited chemical administration, or prohibited devises that could affect a horse's performance or alter the horse's natural conformation. Such rules further include compliance of all medication policies.
- 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 owned as prescribed by applicable rules.
- To fully disclose to customers the actual sales price and commissions involved in the sale or purchase of a horse.
- . To not charge or receive a monetary commission, or other remuneration constituting a commission from both the buyer and seller of a horse.
- To handle our business, operations and communications (including those through social media) in a manner that promotes the positive image of the American
 Ouarter 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.
- To show respect, courtesy, and decency towards fellow AQHA Professional Horsemen at all times by upholding the highest standards of professional ethics and mutual civility regardless of circumstances.
- · To create a supportive culture that builds and maintains a collaborative relationship with all AQHA Professional Horsemen.

By signing this application, I agree to be bound by the rules of application and the Code of Ethics of the Association of AQHA 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:

YEARS OF OPERATION: Years as a trainer: Years as a riding instructor: Years as a bree	der: Years as a jockey: Years at current location:	
If less than two years, list previous location:		
Address		
City		State Zip
MEMBERSHIPS:		
O AQHA Affiliate	O AQHA Racing Affiliate	O USA Equestrian Inc.
National Barrel Horse Association	National Cutting Horse Association	National Reined Cow Horse Association
National Barrel Horse Association	National Snaffle Bit Association	O Professional Rodeo Cowboys Association
National Thoroughbred Racing Association	U.S. Dressage Federation	Women's Professional Rodeo Association
O Cowboy Mounted Shooting Association	National Ranch and Stock Horse Alliance	World Conformation Horse Association
Other Associations:		
JUDGES CARD(S) HELD:		
American Quarter Horse Association	O US Equestrian Federation	O American Miniature Horse Registry
American Paint Horse Association	O Appaloosa Horse Club, Inc.	O Canadian Equestrian Federation
O International Buckskin Horse Association	National Cutting Horse Association	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	O World Conformation Horse Association
O Cowboy Mounted Shooting Association	O Western Dressage Association of America	
REFERENCES: References are required from two Professional Horseman:		ne AQHA National Director. Please list:
Professional Horseman:		
Client:		
Client:		
AQHA National Director:		▲ REFERENCE FORM IS
SERVICES OFFERED: (fill in all that apply)		ATTACHED BELOW.
○ Conditioning for sales ○ Boarding/L	ayups O Mare care/Foaling services O Sta	ullion Services OF YOUR REFERENCES
○ Race Trainer ○ Breaking	O Professional Jockey O Ex	ercise Rider SUBMIT THE COMPLETED
○ Frozen/Cooled Semen ○ Embryo Tra	nnsfer	FORM DIRECTLY TO AQHA
O Racing Challenge Nominated: Wean	lings Yearlings Race Age	
O Horse Shoeing O Horse Auct	ions/Sales	
Other		_
TD AINING.		
TRAINING: Show: Youth Amateur	Open	
Western: O Rail O Reining	O Cutting O Halter O Roping	
Cow horse Versatility I	•	n Classes
English: O Rail O Fences Racing: O Training Center O Race Track	O Driving O Pattern Classes	
Racing:	e O Advanced Horsemanship O Handi	capped Riding
	No	
Are you a member of a Trainer/Instructor Certificat		
If yes, please list the programs:		
Other services (please specify):		

HORSE SALE REFERRA	L:									
Do you want to be referred for h		○ No								
If yes, you must complete the financial inform		tatement:								
commission from both the buyer and se	eller of a horse involved in the transa of this expressed condition constitu	action in which the undersigned is re tes a violation of the Code of Conduc	or receive a monetary commission, or other remuneration constituting presenting a client in the purchase or sale thereof. It requiring integrity in financial dealings with clients, other professions for the professions of the professions.							
	horses? (fill in all that apply) O Public Sales	O Production Sales								
_	sale: (fill in all that apply) \$5,001 - \$10,000	O \$10,001 - \$25,000	O more than \$25,000							
Signature		Date _								
PROFESSIONAL HO	RSEMEN MUST MAII	NTAIN A CURRENT-YE	AR, INDIVIDUAL AQHA MEMBERSHIP.							
Are you a current, indiv	ridual AQHA Member?	○ Yes ○ No								
If so, list your customer II) #									
If not, please mark belo	w the AQHA membersh	ip you wish to obtain:								
1 year \$55	○ 3 year \$140	○ Life \$1,250								
Please mark below the Pr	ofessional Horsemen meml	bership you wish to obtain:								
O 1-year membershi	○ 1-year membership \$50* ○ 3-year membership \$120*									
*Half of the fee will be	*Half of the fee will be donated to one of these programs benefitting Professional Horsemen									
Please apply my donation	Please apply my donation to the following program:									
O Professional Horseme	O Professional Horsemen Crisis Fund O Professional Horsemen Scholarship Fund									
If no box is checked, the	If no box is checked, the donation will be applied to the Professional Horsemen Crisis Fund.									
If paying by credit card, you	r membership will automatica	ally be enrolled in the conveni	ent auto-renewal program. You can cancel at any time.							
O I would not like to en	O I would not like to enroll my membership in the auto-renewal program.									
Association are not deductible ARE tax deductible to the ex	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. 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 ' MEMBERSHIP APPLI	TO CHANGE, AND PR Cation fees are no	OFESSIONAL DN-REFUNDABLE.							
		CHECK OMONEY ORDER	PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING							
		AMERICAN EXPRESS MASTERCARD								
		WIND LINGUIS								

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

CHECK OMONEY ORDER IF P	PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:								
AMERICAN EXPRESS ☐ MASTERCARD ☐] visa □								
	CARD NUMBER								
EXP. DATE (MMYY) DAYTIME PHONE									
	CARDHOLDER NAME								
CARDHOLDER SIGNATURE BILLING ZIP CODE CREDIT CARD WILL BE BILLED FULL BALANCE OF SELECTED AND APPLICABLE FEES.									
DO NOT SEND CASH • U.S. FUNDS ONLY									



Applicant's Name:											
Applicant's Residence	:										
The American Quarter Horse Association of Professional Horsemen was developed to bring the highest level of integrity to the American Quarter Horse industry. Today, the Association of Professional Horsemen comprises members who are committed to preserving the American Quarter Horse industry, assisting people involved with American Quarter Horses and improving equine activities through a united voice. Membership is reserved for members of AQHA and offered to trainers and other individuals who work with the equine athlete.											
I, the undersigned, understand the above-named individual is applying for membership in the American Quarter Horse Association of Professional Horsemen. I am aware of the seriousness of this position and that being a member of the AQHA Professional Horsemen requires integrity, professionalism and sincerity. With this in mind, I submit the following information regarding this applicant.											
(Please check the ap	propriate circle and make con	nments in the larger	box below)								
(Approve (explain p	olease)	O Disappro	ove (explain please)						
O Profess	ional Horseman	O AQHA	Director	○ Client	Other						
Reference Name:											
Reference Signature:											
THIS IS A CONFIDENT	IAL REPORT, PLEASE RETUR	N TO:									

AQHA ATTN: KAREN MCCUISTION **PO BOX 200 AMARILLO, TEXAS 79168**

KMCCUISTION@AQHA.ORG OR BY MAIL TO:

PLEASE RETURN THIS REPORT PROMPTLY, AS WE CANNOT PROCESS THE APPLICANT'S MEMBERSHIP UNTIL ALL INFORMATION IS RECEIVED.