



# Affiliate Application & Renewal

Valid from January 1<sup>st</sup> - December 31<sup>st</sup>

Affiliate Name: \_\_\_\_\_  New Affiliate  
Affiliate Contact: \_\_\_\_\_ ASHA #: \_\_\_\_\_  Affiliate Renewal  
Affiliate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## NEW AFFILIATE

Proposed Boundaries of Affiliate: \_\_\_\_\_

Reason for Starting Affiliate: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do your proposed boundaries overlap an existing affiliate?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have attached the current affiliate by-laws.                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I have listed the name of our Equine Educational Representative. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I have attached the \$100.00 annual payment.                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## AFFILIATE RENEWAL

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. I have attached a list of hosted affiliate events in the past year. (must be at least two)                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have attached documentation of any disciplinary actions resulting in suspension of members in the past year. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I have listed the name of our Equine Educational Representative.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I have attached the \$100.00 annual payment.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## AFFILIATE OFFICERS:

**PRESIDENT:** \_\_\_\_\_ ASHA #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**VICE-PRESIDENT:** \_\_\_\_\_ ASHA #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ ASHA #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ ASHA #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**EQUINE EDUCATIONAL REPRESENTATIVE:** \_\_\_\_\_ ASHA #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Amount Enclosed: \$100.00  Visa/ MasterCard  Check

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Billing Address: \_\_\_\_\_

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