



Affiliate Application & Renewal

Valid from January 1st - December 31st

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? YES NO
2. I have attached the current affiliate by-laws. YES NO
3. I have listed the name of our Equine Educational Representative. YES NO
4. I have attached the \$100.00 annual payment. YES NO

AFFILIATE RENEWAL

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