



Date _____

2015 Collegiate Membership Application & Competition Division Approval

All Memberships are based on a calendar year (January 1 - December 31). A Collegiate membership entitles a student to participate in both ASHA Collegiate and ASHA Regular events.

First Name: _____ Middle Initial _____ Last Name _____ New Member Renewal (Current Membership # _____)
College or University _____ Shirt Size _____ Birth Date _____ Male _____ Female _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ E-Mail: _____

COLLEGIATE MEMBERSHIP & ELIGIBILITY

* Must be filled out and signed in order to qualify for Collegiate Membership
Collegiate Eligibility will be noted on ASHA Collegiate Membership Card

- I am currently enrolled in at least 10 credit hours or a graduate student in at least 9 hours in a college or university YES NO
- I have attached verification that I am enrolled in _____ for these hours YES NO
Name of college _____
- My last GPA meets the requirements for extracurricular activities for me to represent my college/university
(not required for incoming freshmen) YES NO
- I have attached a copy of my student identification YES NO

I have read and understand the American Stock Horse Association Collegiate Member & Division Classification Rules and will abide by them. I understand that the full responsibility concerning my eligibility rests solely on me. ASHA, its officers, directors & employees are not held responsible for the burden of proof for my eligibility. I understand that my Collegiate application will be reviewed each year by the Collegiate Committee of the ASHA Board of Directors and their decision shall be final. I have completed the reverse side of this application to the best of my knowledge and have noted the Division in which I believe I am eligible for this year.

Signed _____ Date _____

COLLEGE or UNIVERSITY Staff Member Documentation of Student Eligibility

* A College or University Staff Member must complete and sign this section verifying the status of a Collegiate Membership

_____ is currently enrolled in _____
(name of student) (name of university)

I verify that the student meets the Collegiate Membership Eligibility as noted on this American Stock Horse Association membership application.

Signed _____ Title or Position _____

Address _____ City _____ State _____ Zip _____

Phone: _____ E-Mail _____

Date: _____

Amount Enclosed: \$15 Single Collegiate Annual Membership _____

Please make Check or Money Order Payable to: American Stock Horse Association or ASHA

MAIL Both Pages of Completed FORM & Membership Fee TO: American Stock Horse Association (ASHA)

P O Box 3038
Glen Rose, TX 76043
Phone: 254.898.0906 Fax: 254.898.0908
E-Mail: stockhorse@windstream.net
www.americanstockhorse.org

ASHA COLLEGIATE MEMBERSHIP DIVISION ELIGIBILITY APPLICATION

Please check the divisions for which you are eligible.

Division: Open _____ Non-Pro _____ (includes LTD Non-Pro) Novice _____

All members, including collegiate, applying for ASHA Non Pro and/or Novice competition division approval must complete the forms below
(Stallions are PROHIBITED in Novice & Youth divisions)

NON-PRO ELIGIBILITY

*** Must be filled out and signed in order to qualify for Non-Pro status. Non-Pro status includes both Non-Pro and LTD Non-Pro Non-Pro Eligibility will be noted on ASHA Membership Card**

1. Have you received payment, directly or indirectly for riding, training, assisting in training, showing horse(s) at any time during the past 5 years? YES NO
2. Have you received payment, directly or indirectly for instructing another person, or conducted a seminar in riding, training, driving or showing a horse any time during the past five years? YES NO
3. Have any of your expenses (including lodging, transportation, mileage, etc) been paid by someone else other than family members during the past five years? YES NO

ASHA EXEMPTIONS

I claim the ASHA Exemption for conducting clinics for reasonable expenses only.

I claim the ASHA Exemption for Collegiate students who are involved in 1, 2, or 3 above as a part of my educational curriculum.

I have read and understand the American Stock Horse Association Non Pro Definitions, Rules and Exemptions and will abide by them. I understand that the full responsibility concerning my eligibility rests solely on me. ASHA, its officers, directors & employees are not held responsible for the burden of proof for my eligibility. I also understand that if there is a change in my status or eligibility that I must inform the American Stock Horse Association within 30 days of that change. I understand that my Non-Pro application will be reviewed by the Non-Pro Committee and the ASHA Board of Directors and their decision shall be final.

Signed _____ Date _____

NOVICE ELIGIBILITY - *Novice must fill out and sign both the Non-Pro Eligibility and Novice Eligibility Novice Eligibility will be noted on ASHA Membership Card

- I meet the requirements of the ASHA Non Pro Division YES NO
- I have won less than three High-Point or Reserve High-Point in any division at any ASHA Show or similar association? YES NO
- I have never won All-Around High-Point Champion or Reserve All-Around High-Point Champion at an ASHA National Collegiate Event in any division or a similar association. YES NO
- I have limited showing experience in any one of the four classes provided by ASHA. YES NO

I have read and understand both the American Stock Horse Association Non Pro Definitions and Rules and the Novice Definitions and Rules and will abide by them.

Signed _____ Date _____

*** If a member loses their novice eligibility through competition during the year, they may finish that year as a Novice.**

This is my 1st____, 2nd____, 3rd _____, 4th _____ year as an ASHA Collegiate Member and to show in ASHA Collegiate Shows. A student has four years of eligibility which may be used as an undergraduate or graduate student.

I have accurately and truthfully presented my ASHA Collegiate and ASHA Division eligibility information and marked the division(s) for which I am eligible.

Name _____ School _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ E-Mail: _____

Student's Signature: _____ Date: _____

Coach's Signature (if applicable) _____ Date: _____