



# 2018 Membership Application

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

Name: \_\_\_\_\_  Renew # \_\_\_\_\_  
First MI Last

Ranch Name: \_\_\_\_\_  New Member

Address: \_\_\_\_\_  Do Not Share My Information

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### DIVISION CLASSIFICATION: (Check One)

- General Member     Open (Pro)     Non-Pro/ Limited Non-Pro     Novice     Youth (14-18)     Youth (8-13)

### **OPEN/NON-PRO ELIGIBILITY:**

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 anytime during the past 5 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 5 years?  YES  NO

#### **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 education curriculum.

### **NOVICE ELIGIBILITY:**

4. I meet the requirements of the ASHA Non-Pro Division.  YES  NO
5. I have won **less than three** High-Point or Reserve High-Point awards at any ASHA Show, including ASHA Year End National or Regional High-Point or Reserve High-Point in any division or at similar association.  YES  NO
6. I have had limited showing experience in any of the four classes provided by ASHA.  YES  NO

I have read and understand the American Stock Horse Association Non-Pro and Novice 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 understand that if there is a change in by status or eligibility that I must inform the American Stock Horse Association within 30 days of that change. I understand that my application will be reviewed by the ASHA Board of Directors, and Division Committees; their decisions shall be final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Adult Membership - \$25     Youth Membership - \$15     Life Membership- \$250

Total Amount Enclosed: \$ \_\_\_\_\_  Visa/ MasterCard     Check

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

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