



Collegiate Membership Application

Valid from January 1st - December 31st

A Collegiate Membership entitles a student to participate in both ASHA Collegiate and ASHA Regular Events

University: _____

Name: _____
First MI Last

Renew # _____

Address: _____

New Member

City: _____ State: _____ Zip: _____

Do Not Share My Information

Phone: _____ Birth Date: _____ E-Mail: _____

This is currently my 1st 2nd 3rd 4th year as an ASHA Collegiate Member. (Limited to 8 Semesters/12 Trimesters)

REQUIRED FOR ALL COLLEGIATE MEMBERS: (Check One)

Open

Non-Pro/ Limited Non-Pro

Novice

NON-PRO ELIGIBILITY:

1. Have you ever 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 ever 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 in any division at any ASHA Show or similar association. YES NO
6. I have never **won** an All-Around High-Point or Reserve High-Point award at any ASHA National Collegiate Event in any division or similar association. YES NO
7. I have had limited showing experience in any of the four classes provided by ASHA. YES NO

COLLEGIATE ELIGIBILITY: (Must meet the following requirements)

8. I am currently enrolled as an undergraduate with 10+ or a graduate student with 9+ credit hours. YES NO
9. My last GPA meets the 2.0 GPA requirements for extracurricular activities for me to represent my College/University. YES NO

I have read and understand the American Stock Horse Association Non-Pro, Novice, and Collegiate 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. I have accurately and truthfully presented my ASHA Collegiate and ASHA Division eligibility information and marked the division(s) for which I am eligible.

Signature: _____ Date: _____

COLLEGE or UNIVERSITY STAFF MEMBER: (College Contact/ Coach)

_____ is currently enrolled in _____
Name of Student Full Name of College or University

I _____ verify that the student meets the Collegiate Membership Eligibility as noted on this American Stock Horse Membership Application.

Signature: _____ Title: _____ Date: _____
Phone: _____ Email: _____

Total Amount Enclosed: \$15 Visa/ MasterCard Check

Card: _____ Expiration Date _____ CVC _____

Billing Address: _____

American Stock Horse Association (ASHA)
P.O. Box 1548
Sweetwater, Texas 79556

Phone: (254) 898-0906
kyla@americanstockhorse.org
www.americanstockhorse.org