

Collegiate Membership Application

 $\begin{tabular}{lll} Valid from January 1^{st} - December 31^{st} \\ A Collegiate Membership entitles a student to participate in both ASHA Collegiate and ASHA Regular Events \\ \end{tabular}$

Name:	MI		□ Rene	·w #
Address:		Last	닏	Member
City:	State:	Zip:	Do No	ot Share My Information
Phone	Rirth Date:	F-Mail		
Phone: Birth Date: E-Mail:				
This is currently my \Box 1st \Box 2nd \Box 3rd \Box 4th year as an ASHA Collegiate Member. (Limited to 8 Semesters/12 Trimesters)				
REQUIRED FOR ALL COLLEGIA	E MEMBERS: (Check One	e) Open	Non-Pro/ Limited Non-Pro	Novice
	ears. ment, directly or indirectly for	r instructing another person, or co		☐ YES ☐ NO
		ation, mileage, etc) been paid by	someone else other than	□ YES □ NO
☐ 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.				
 6. I have never won an All-Aro in any division or similar as: 7. I have had limited showing e COLLEGIATE ELIGIBILITY: (Must as a management of the control of t	High-Point or Reserve High- und High-Point or Reserve H sociation. experience in any of the four of meet the following required a undergraduate with 10+ or a GPA requirements for extract	ements) a graduate student with 9+ credit urricular activities for me to repres o, Novice, and Collegiate Definitions	tional Collegiate Event hours. sent my College/University. , Rules, and Exemptions and will	
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:			D)ate:
COLLEGE or UNIVERSITY STAFF MEMBER: (College Contact/ Coach)				
		is currently enrolled in		
Name of Student Full Name of College or University				
Iverifty that the student meets the Collegiate Membership Eligibility as noted on this American Stock Horse Membership Application.				
Signature:		Title		Date:
Phone:	Em	••		
Total Amount Enclosed: \$15				
Card:Billing Address:				CVC

University: _