

2014 Amateur/Novice Amateur/Walk-Trot Renewal Application



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 222-6436 • Fax (817) 222-8489
apha.com/amateur • amateur@apha.com

See Rule AM-205 for Novice Amateur Eligibility
See Rule AM-300 for complete Walk-Trot rules
COMPLETE APPLICATION IN FULL
Forms from previous years will not be accepted

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

APHA ID: _____

Please answer all questions. Any incomplete information will delay processing.

STATUS Amateur Card (Amateur only)
 Novice Amateur Card
(Includes Am & Nov Am)

Indicate Age Group: 19-44 years - Classic
 45 years and older - Masters

Birth date: _____

Daytime phone number: _____

E-mail: _____

Name of horse(s): _____

Owner: _____

Relationship to owner or joint owners: _____
(If not related, state "No Relation")

• **Have you won a World or Reserve World title with any associations?** Yes No
If YES, please list DIVISION, CLASS AND YEAR _____

• **HAVE YOU SHOWN WITH ANY ORGANIZATION BESIDES APHA IN THE PAST 12 MONTHS?**
 Yes No **If YES, indicate which associations, classes, and points earned on the table below.**
If you have only shown with APHA in the past 12 months, write "APHA Only".

Organization	Division	Class	Points, Money & Titles Earned
EX: AQHA	Novice Amateur	Western Pleasure	37 points + 2012 Res World Champion

Note: APHA reserves the right to check all breed/equine registries for any points, money and titles earned.

Statement of Eligibility

In submitting this application for renewal of my APHA Amateur/Novice Amateur/Walk-Trot Card, I hereby affirm that the information contained on my original application regarding my amateur eligibility is still true and correct, and that I have not shown, ridden, trained, or assisted in the training of a horse owned by someone other than an immediate family member, judged a horse show, or instructed another person in riding, driving, training, or showing a horse in competition for remuneration, either directly or indirectly (including reimbursement of my expenses) at any time during the past five years. I have not shown, ridden, trained, or assisted in the training of a horse for which my spouse accepted any form of remuneration, at any time, either directly or indirectly, for training or assisting in training, or showing of said horse(s) in competition for a period of five years. Furthermore, I agree to comply with the rules as stated in the current APHA Rule Book. I understand that my status in this program and my APHA Amateur/Novice Amateur/Walk-Trot Card are revocable. Should the Association find that, for any reason, I am no longer eligible, or if I become ineligible to compete as an Amateur/Novice Amateur/Walk-Trot exhibitor, I will refrain from exhibiting in the corresponding classes and agree to surrender my APHA Amateur/Novice Amateur/Walk-Trot Card to the Association. Failing to do so, I am subject to disciplinary action under the Association's general rules. If any of the foregoing statements are incorrect, please explain on a separate sheet of paper.

Applicant's signature: _____

Fee Schedule

Fees are payable in U.S. Funds Only.
Normal processing time is approximately 3-4 weeks.
Amateur cards expire on December 31, 2014.
All exhibitors must be current APHA members.

Amateur/Novice Amateur or Walk-Trot Card \$15 _____
Must be a current APHA Member

Amateur/Novice Amateur or Walk-Trot Card PLUS APHA Membership \$55 _____

Please e-mail / fax my new card \$5 _____
Note: This saves return mail time only
E-mail / Fax No.: _____

Additional Rush Fee \$25 _____
(Includes e-mail return)

Processed within 7-10 business days if application is complete and correct.
Need card by: _____
Note: This date is not guaranteed.

TOTAL AMOUNT DUE \$ _____

Payment Must Accompany Renewal

Letters will be sent for incomplete applications requesting additional information. If no response from applicant upon deadline date an office charge will be kept and any remaining credit will be refunded. You may then reapply.

All payments must be made in U.S. funds only.

Check Money Order
 VISA MasterCard American Express

If you pay by check, it may be converted into an electronic funds transfer.
Please complete credit card information:

_____ Credit Card Number

_____ Expiration Date CVV #

_____ Name on Card

_____ Signature

Return this form to:



American Paint Horse Association

Attn: Director of Amateur Activities
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REV: 08/13