

# 2018 COMMITTEE MEMBER APPLICATION

**Applications for 2018 must be received in the AQHA office by March 9, 2018.**

**APPLICATION INSTRUCTIONS:**

- Please type or print in blue or black ink.
- Complete the application in the spaces provided; additional attachments will not be provided to the Nominations & Credentials Committee or Executive Committee.
- Letters of recommendation should be sent directly to AQHA from the providing affiliate, individual, etc. and received prior to **March 9, 2018**.
- Return form prior to **March 9, 2018**.

AQHA I.D. # (indicate number of years membership held):

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AQHA I.D. # (evidencing subscription to *The American Quarter Horse Journal*):

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Name:

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Address:

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City, State, Zip

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Date of Birth:

Cell #:

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Daytime Phone #:

Home Phone #:

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Email Address:

Fax #:

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Occupation:

Current Employer:

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Number of American Quarter Horses in your or your business's name:

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**Answer the following questions below, using only the spaces provided.**

Your primary area(s) of interest:       Racing       Showing       Youth       Recreational Riding  
     Ranching       Breeding       Education       Public Policy

List the AQHA or AQHYA state/provincial/international Affiliate(s) you are or have been a member of:

Affiliates:		Years(s):	
Affiliates:		Years(s):	

Indicate any AQHA and/or AQHYA programs and the years during which you participated:

	<u>Years</u>		<u>Years</u>
<input type="checkbox"/> AQHYA Officer or Director:	_____	<input type="checkbox"/> AQHYA Leadership Conference:	_____
<input type="checkbox"/> AQHYA Racing Experience:	_____	<input type="checkbox"/> Regional Experience:	_____
<input type="checkbox"/> Assoc. of Professional Horsemen:	_____	<input type="checkbox"/> Breeder Referral Member:	_____
<input type="checkbox"/> Affiliate Management Workshop:	_____	<input type="checkbox"/> AQHA Convention:	_____
<input type="checkbox"/> Trail Rides:	_____	<input type="checkbox"/> AQHA Judge:	_____
<input type="checkbox"/> Affiliate Officer/Director:	_____	<input type="checkbox"/> Horseback Riding Program:	_____
<input type="checkbox"/> Public Policy/Government affairs:	_____	<input type="checkbox"/> AQHA Committee Service:	_____
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> Other:	_____

## EQUINE /AGRICULTURE-RELATED ACTIVITIES

Specify any equine / agriculture related clubs or activities in which you have participated:

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List any leadership roles you have held through your equine-related activities:

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## ACADEMIC INFORMATION

Highest level of education completed:			
College/University attended:		Years Attended:	
Major:			

List any leadership roles you have held through your non-equine related activities:

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What hobbies/civic involvement do you have other than those associated with horses?

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Are you active in legislative/public policy issues in your state/province/country? If so, please describe.

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Have you or your business been the subject of any AQHA or other equine organization(s)' investigations and/or disciplinary action(s) (including, but not limited to, fines, suspension, reprimand, disqualification, etc.) associated with rule violation(s)? If so, please explain the circumstances and outcome of such matter(s).

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Do you have any other family members serving on an AQHA standing committee? If so, please list names and committee service.

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**Any questions regarding the eligibility or requirements for becoming an AQHA Committee Member should be directed to Robin Brooks at (806) 378 4302 or [rbrooks@aqha.org](mailto:rbrooks@aqha.org).**

**REFERENCES:**

- Letters of recommendation are recommended from: (1) state/country/provincial affiliate and (2) at least one AQHA Board of Director Member. Letters of recommendation should be sent directly to AQHA from the providing affiliate and/or Board Member and received prior to **March 9, 2018**.

In the space provided below, please tell the Executive Committee information about your areas of expertise which you believe qualify you to serve as an AQHA Committee Member.

**On the below chart, indicate the three (1,2,3) committees on which you are interested in serving with 1 being your first preference.**

	Equine Research		Recreational Activities
	International		Show
	Judges		Stud Book & Registration
	Marketing/Membership		Youth Activities
	Public Policy		
	Racing		

## VERIFICATION BY APPLICANT:

By signing below, I verify and warrant that I (1) am currently a member in good standing and (2) agree that, if appointed as a Committee Member, I will:

- In carrying out my role of providing service to AQHA recognize the need to do so in a professional manner, and will deal with the membership, public and my colleagues with the highest degree of integrity.
- Adhere to the professional standards of AQHA and will work to further its goals and objectives.
- Recognize that even the appearance of misconduct or impropriety can be very damaging to the reputation of AQHA and its committees and will act accordingly.
- Ensure that the welfare of the American Quarter Horse is paramount and that every American Quarter Horse shall at all times be treated humanely and with dignity, respect and compassion.
- Instill confidence among the public in the American Quarter Horse industry, avoiding any action conducive to discrediting it or membership in the AQHA.
- Refrain from conduct that is detrimental to the interest of AQHA, its programs, policies, objectives and harmonious relationship of its members.
- Represent members of AQHA in a professional manner in matters pertaining to the business, property and activities of AQHA.
- Assist in providing beneficial services for AQHA members and serve as a positive communication link between AQHA and its members.
- Be active in the American Quarter Horse industry through attendance and/or participation at events or in my areas of interest.
- Be active and represent AQHA in a professional manner in my state/province or country's American Quarter Horse Affiliate and be visible and available to that organization's members.
- Promote AQHA programs, membership and the registration of eligible horses on a constant basis through contact with individuals and groups.
- Initiate communication with AQHA staff regarding constituents' issues.
- Actively participate on the standing committee to which I am appointed.
- Subscribe to *The American Quarter Horse Journal*.
- Attend AQHA's Annual Convention at my expense.
- Be actively involved with legislative affairs.
- Agree that my name and contact information may be published by AQHA.
- Agree to abide by AQHA Rules & Regulations.

I understand that serving as a Committee Member is a privilege, not a right. If appointed as a Committee Member, I further agree that I will remain an AQHA Member in good standing throughout my appointment, be subject to AQHA rules and regulations pertaining to membership and committee member conduct. I understand an AQHA Committee Member is subject to continual review, and by unanimous vote, the Executive Committee, with or without cause, may terminate my tenure on a Standing Committee at any time. Further, at its unanimous discretion, the Executive Committee may reassign me to another Standing Committee. I understand and agree that such termination or reassignment may be made without prior notice or right to hearing. Finally, I understand and agree that in order to promote candor, the deliberations, discussions and material reviewed by the Nominations and Credentials Committee, Executive Committee and AQHA staff are confidential, and I am not entitled to such information.

I hereby certify the statements recorded in this application are true and accurate. I understand if any statement presented in this application is untrue, I may be disqualified from being considered to serve on or, if later discovered, may be disqualified from serving on an AQHA Committee.

My signature of acceptance:

Date:

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*Signature of Applicant*

**COMPLETE AND RETURN APPLICATION FOR AQHA'S RECEIPT BY MARCH 9, 2018.**

**American Quarter Horse Association  
Attn: Robin Brooks  
1600 Quarter Horse Drive  
Amarillo, Texas 79104  
rbrooks@aqha.org**