



APPLICATION FORM

Conditions of entry:

1. The application form must be completed and sent with payment to the AQHA. This fee is payable annually and due for payment by the 1st August in any year.
2. The applicant must hold a current Full financial membership and stay a financial member to be eligible to stay a member of the Division.
3. The applicant must be 18 years or older and must hold a financial Full membership with the Association.
4. The applicant must have been professionally training horses or conducting clinics for a minimum of two (2) years or have trained under a trainer (apprenticed).
5. Application as a Trainer, must be nominated by two (2) other trainers, application as a Clinician must be nominated by two (2) trainers/clinicians, American or Australian who have been training horses/conducting clinics for a minimum of five (5) years that are in good standing with the AQHA.
6. The Horse Trainer applicant, on the application form, must list their equine achievements, what type of horse training they specialise in (e.g. halter only), indicate whether they give lessons and, if they do, at what levels (e.g. youth, amateur etc)
7. The Clinician applicant, on the application form, must list their equine achievements, what type of clinics, lessons they give and, at what levels (e.g. youth, amateur etc)
8. The applicant can list any other education achievements, if they so desire e.g. Level 2 Farrier Certificate, Level 1 in Agricultural Science, Higher School Certificate, etc
9. All successful applicants must attend an AQHA Judging seminar every three (3) years but do not have to obtain an AQHA Judging ticket
10. The applicant must have a minimum of a current Level 2 Statement of Completion in First Aid, current OH&S (equine based) in the workplace with a recognised accredited Training body, a current Working with Children check in their State of residence and Insurance.
11. A person wishing to be admitted to the Division could possibly have completed educational courses/units that have included the above units. These will be considered.
12. If a person is admitted to this Division, they will be entitled to have their name listed in the AQHA magazine and on the AQHA website and to carry the title of "Member of the AQHA Professional Horsemen"

TRAINER/CLINICIAN

I, AQHA Membership#

hereby nominate:,

who I believe to be a member in good standing with the Association, to be accepted as a member into the AQHA Professional Horsemen Division.

Nominators Signature:

Seconded by: AQHA Membership#

Seconders Signature:

CLINICIAN ONLY

I, AQHA Membership#

hereby nominate:,

who I believe to be a member in good standing with the Association, to be accepted as a member into the AQHA Professional Horsemen Division.

Nominators Signature:

Seconded by: AQHA Membership#

Seconders Signature:

Complete the following:

Current Address:

..... Email:

Phone #:

Years as a trainer: Years as a Clinician:

Years at current location:

If less than two years, previous address:

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I am a member of : (mark accordingly)

- AQHA Affiliate Membership #:
- NCHA Membership #:
- Reining Australia Membership #:
- Campdraft Association – Membership #:
- Equestrian Australia – Membership #:
- National Reining Cow Horse Association – Membership #:
- National Snaffle Bit Association – Membership #:
- American Quarter Horse Association – Membership #:
- Show Horse Council of Australia – Membership #:
- Other

Judges' Cards (if held mark accordingly)

AQHA Date achieved:

- Equestrian Federation
- NCHA
- NRHA
- HSAA
- Other

References – these two (2) referees will be contacted by the AQHA

Client Name: Phone:

Client Name: Phone:

Character Reference

Please attach two (2) written character reference from persons who have known the applicant for the last five (5) years.

Service Offered (tick all that apply)

- Preparation & conditioning for sales
- Boarding
- Mare care/Foaling services
- Artificial Insemination
- Frozen/Cooled semen
- Embryo Transplant
- Horse shoeing
- Breaking in
- Clinics
- Private lessons

Other:

- Training Horses at : National Level
- Training horses at: State Level
- Training Horses at: Other Levels
- Clinics at: Affiliate Level
- Clinics at: Other Levels

- Youth
- Amateur
- Open

- Western** Trail Reining Cutting Halter Western Riding

- Cow Horse Timed events Pattern classes Western Pleasure

- Campdraft/Team Penning Other

English Hunter Under Saddle Jumping/Fences Pattern classes Hack

Dressage Eventing Other

Lessons - Beginner Intermediate Advanced Riders with Disabilities

Any Other Services (please specify)

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COPIES REQUIRED OF THE FOLLOWING TO ACCOMPANY THIS APPLICATION

- Licence (front and back)
- First Aid Certificate – copy of which must be received no later than 3 months from time of application
- OH&S Equine based qualification
- Working with Children Check
- Insurance

Any other Educational qualifications you have achieved that you feel may be relevant to your application, please attach a copy.

By signing this application, the Applicant agrees to be bound by the rules of application and the Code of Ethics of the AQHA Professional Horsemen Division. The Applicant understands that in order to participate in this program, they must maintain a continuous individual Full membership with the AQHA.

The Applicant does hereby waive any rights he/she may have to require disclosure to him/her by the Association of any information obtained to evaluate him/her as an applicant for the Division, agreeing that the accuracy of information concerning the undersigned’s character, reputation and horsemanship abilities is paramount to his/her disclosure rights, if any.

I hereby declare that I have read and agree to the information in the Briefing Document and this application form, and that all the information supplied in, and with this application, is true and correct.

Signature of applicant: Date:

PAYMENT

DIRECT DEPOSIT WESTPAC BSB: 032 621 Account: 119369 Reference: Membership#
CHEQUE Made payable to AQHA and posted to: PO Box 979, Tamworth 2340

Name on Credit Card: Amount Due:

Credit Card #:/...../...../..... Expiry Date:/..... Mastercard or VISA only

I hereby give permission for the AQHA to deduct the above amount plus applicable surcharge from my credit card

Signature of card holder: Date: