

SIGNATURE: ___

QUARTER HORSE ASSOCIATION Membership Application for Equestrians with Disabilities FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168 WWW.AQHA.COM • © (806) 376-4811

Please be sure that all fields are co	mpleted with the	e appropriate inform	nation. Missing information w	ill delay the processing	of your application.	
Please mail the completed form to:	AQHA Membe PO Box 36300 Amarillo, TX 7			AQHA ID (if known)#		
Don't forget to include a check p			credit card information.	Membership:	O Individual	
When marking a selection circle,	please fill it in	completely.			O Non-Individual	
					O Company	
PLEASE NOTE: Per Rule SHW tion must be 8 years of age and ove be completed, signed by a licensed A MEMBERSHIP APPLICATION FOR EQUES	er with a diagnos medical doctor a	ed mental or physica and returned to AQH BILITIES MUST BE ACCOI	al condition attested to by a line of the base of the	censed medical physicia QHA-approved Equestri	n. The Special Diagnosis forn ans with Disabilities competiti	m must tion.
GENERAL		MEMBERSHI YOUTH	IP TYPE AND DURAT	ION:		
 12-month Membership – \$40 36-month Membership – \$80 Life Membership – \$750 USD 		12-month Me36-month Me	embership – \$15 USD embership – \$35 USD ship (through age 18) – \$50 US	GD.		
First Name:						
Last Name:						
Middle Name/Initial:						
Non-Individual/Company Name:						
Address:						
City:						
State/Province:						
Country:						
Zip/Postal Code:						
E-mail Address:						
E-MAIL OPTIONS						
From time to time, AQHA sends of Please indicate whether or not you				tional news.		
	ion about my me	embership and AQH	e future. HA business, but no promotic ncerns my membership statu			
Home Phone:	-		Date of Birth (MM/DD	YYYY):		
Work Phone:	-					

_____ DATE: ____

AREAS OF INTEREST

Please select your areas of interest.

- O Breeding Ranch Work
- O Breeding Racing
- O Breeding Showing
- O Breeding Recreational Riding
- O Recreational Riding
- O Racing Competition
- O Ranch Use
- O Compete in AQHA Horse Shows
- O Compete in Open and Local Shows (Playdays; Gymkhanas)

- O Rodeo Competition
- O Compete in Youth Events such as 4-H, FFA, NHSRA, Other Rodeo Organizations, Judging Contest, Pony Clubs, etc.
- O Compete in AQHA Youth Shows
- O Professional Trainer/Exhibitor
- O Racing Fan
- O Compete in NCHA Events
- O Compete in NRHA Events

- O Compete in NSBA Events
- O Compete in NRCHA Events
- O Compete in PHBA Events
- O Riding Instructor
- O Political Action
- O Mounted Shooting
- O Compete in Dressage

OCHECK OMONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:						
OAMERICAN EXPRESS OMAS	TERCARD OVISA						
	CARD NUMBER						
	CARD NOWIBER						
EXP. DATE (MMYY)	DAYTIME PHONE						
EXF. DATE (WWITT)	DAT HIVE PHONE						
	CARDHOLDER NAME						
	CARDHOLDER SIGNATURE						
JQURNA]	SUBSCRIBE ONLINE AT AQHAJOURNAL.COM						
THE AMERICAN QUARTER HORSE JOURN	LIDDATED ON THE AMEDICAN CHARTED HODGE INDUCTOR						
DO NOT SE	ND CASH • U.S. FUNDS ONLY						

lotal amount to charge credit card: 🏺		
Signature:	Date:	

AUTO-RENEWAL OPTIONS

You can now have your membership automatically renewed on the credit card you've provided. Nothing will lapse if you elect auto-renew. You can cancel at any time by calling AQHA Customer Service at (806) 376-4811.

Would you like to automatically renew your membership when it expires? O Yes O No

MEMBERSHIP AGREEMENT

Dues payments MAY BE deductible by members as an ordinary and necessary business expense; however, donations or gifts to the American Quarter Horse Association are not deductible as charitable donations for federal income tax purposes. Donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. One dollar of your annual membership dues is designated as a subscription to *America's Horse*, AQHA's official member publication. Through payment of membership dues you acknowledge that membership in AQHA is voluntary, and that you agree to be bound by the terms and conditions of *AQHA's Official Handbook of Rules and Regulations*.



AQHA EQUESTRIANS WITH DISABILITIES COMPETITION SPECIAL DIAGNOSIS FORM

PLEASE NOTE:Per *Rule SHW762.10* in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be 8 years of age and over with a diagnosed mental or physical condition attested to by a licensed medical physician. This form must be completed, signed by a licensed medical doctor and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition

Name			AQHA ID (if known)#
Address			AMPIA ID (II NIUWII)#
City			
		Zip/Postal Code	
Day Telephone ()	E-	-mail	
ELIGIBLE CONDITION From the list below, please indica		e applicant. Other conditions will be co	onsidered upon request (please list in space provided)
O Angelman's syndrome	O amputation	O anthrogryposis	O Asperger's syndrome
O autism	O Batten's disease	O cerebrovascular (stroke)	O cerebella ataxis
O cerebral palsy	O Coffin Lowry syndrome	O cystic fibrosis	O Down syndrome
O dwarfism	O fetal alcohol syndrome	O fragile X syndrome	O Friedreich's ataxia
O Guillan Barre syndrome	O hearing impairment	O Hunter's syndrome	O juvenile rheumatoid arthritis
O mental retardation	O microcephaly	O multiple sclerosis	muscular dystrophy
O post polio syndrome	O Prader Willie syndrome	O Rett syndrome	O seizure disorder
O sensory motor neuropath	O spina bifida	O spinal cord injury	O Tourette syndrome
O traumatic brain injury	O trisomy abnormalities	O visual impairments	O Williams syndrome
O Other (subject to AQHA appr	roval)		
MEDICAL STATEMENT In accordance with AQHA		cant has been diagnosed with	the above designated condition(s).
Name of Physician		Date	
Signature of Physician			
City and State/Province/Cour	nty of Practice		
all risks of personal injury or prespective officers, directors, rage occurring as a result of pathe parent or guardian, by allo does hereby release and disc and all liability, whenever or he	property damage, and releases a representatives and employees, fr rticipation in these events, except wing participation assumes all rish tharge AQHA and Show Manager owever arising from such particip	nd discharges American Quarter om any liability, whenever or howe for the negligent act or omission it of personal injury or property dar ment, their respective officers, dir ation, except for the negligent act	see of adult participants, each participant assumes. Horse Association and Show Management, their ever arising, as to personal injury or property damfany, said indemnities. If the participant is a minor mage occurring as a result of the participation and ectors, representatives, and employees from any or omission, if any, of an indemnitee. Further, as ent from such liability to the minor.
Signature of participant or paren	t/guardian (if under 18)		 Date

PLEASE RETURN COMPLETED FORM TO

AQHA EQUESTRIANS WITH DISABILITIES COMPETITION SPECIAL ADAPTIVE EQUIPMENT AND INDEPENDENT RIDING ABILITY FORM

PLEASE NOTE:

Per Rule SHW762.9 in the AQHA Official Handbook of Rules and Regulations, the use of special adaptive equipment is permissible for competitor and American Quarter Horse where appropriate. Participation in these approved events requires this special adaptive equipment form. This form must be completed, signed by a Professional Association of Therapeutic Horsemanship (PATH) International certified instructor, certified Special Olympic coach or certified therapeutic riding instructor, indicating the adaptive equipment is required for the participant and return to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

Name									
Address				AQHA ID (if known)# City					
State/Province/Country									
Day Telephone () E-mail								_	
ACCEPTABLE ADAPTIVE From the list below (SHW765.1), upon request (please list in space	please indicate the special	adaptive equipment used by	y the competitor. O	ther equip	ment	will be	e con	sidered	
O audio communication	O bareback pads	O boot adaptations	0	O dowel reins					
O hand holds (flexible and/or rigid)	O helmets	O laces to tie stirrup leathers to girth o	os or O	O rein handle tethers					
O ladder reins	O loop reins	O rein handles		O rubber bands					
O saddle blocks wedges cushions	O safety stirrups	O seat savers	0	O surcingles					
O whips (one or two)	O other (subject to AQHA	approval)							
INSTRUCTOR STATEMEI In accordance with AQHA ru AQHA Equestrians with Disab	le SHW762.9, this appli	cant will be using the ab has the ability to ride the	ove designated ese special classe	equipmer es.	ıt wh	ile co	ompe	eting in	
Name			Date	·					
Signature			Cert	ification N	umbe	r			
Type of certified instructor, check	one:		AQHA N	Member N	umbe	r			
O Professional Ass	ociation of Therapeutic Ho	rsemanship International (Pa	ATH) certified instru	uctor					
O Certified Special	Olympic coach								
O Certified therape	utic riding instructor								
PLEASE NOTE: AQHA does sumes all risks of personal injury ment, their respective officers, dir or property damage occurring as the participant is a minor, the par as a result of the participation ar representatives, and employees to omission, if any, of an indemnitee ment from such liability to the mir Signature of participant or parent	or property damage, and re- ectors, representatives and a result of participation in rent or guardian, by allowin and does hereby release and from any and all liability, who are represented in the result of legal to remain and all results. Further, as parent or legal to remain and results are results and results and results are results and results and results are results are results are results and results are	eleases and discharges Amel employees, from any liabilithese events, except for the g participation assumes all d discharge AQHA and Shoenever or however arising frequardian, they agree to independent of the services of the services and the services are services.	rican Quarter Hors ty, whenever or how negligent act or or risk of personal injuly w Management, the rom such participati emnify and hold ha	e Associate vever arising mission if a cury or proper neir respendent, exception, except	tion ar ng, as any, s perty o ctive of t for th	nd Sh s to pe aid in dama office ne ne	now Mersonandemrige och	lanage- al injury nities. If ccurring rectors, nt act or	
Please return completed form to	rgaardian (ii dhaci 10)		Date	•					
i lease return completed form to									

American Quarter Horse Association Competition Department/ Equestrians with Disabilities P.O. Box 200 Amarillo, Texas 79168