Affiliate Officer Worksheet

This information must be sent to the American Quarter Horse Youth Association offices no later than March 1 of each year; however, it is better to send changes in as soon as possible. Be sure to keep one copy and send one copy to AQHYA.

President

Name_____ AQHYA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Parent/s Name_____

Email _____

Vice President

Name_____ AQHYA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Parent/s Name_____

Email _____

Secretary

Name_____ AQHYA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Parent/s Name_____

Email _____

Treasurer

Name_____ AQHYA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Parent/s Name_____

Email _____

Reporter

Name_____ AQHYA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Parent/s Name_____

Email _____

Affiliate Youth Advisor

Name_____ AQHA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Fax #_____

Email _____

***Affiliate Youth Advisor**

Name_____ AQHA ID#_____

Address_____

City, State, Zip_____

Phone #_____

Fax #_____

Email _____

***If you have a secondary youth advisor, please contact our office to request a form for them at (806) 378-4342**

AQHYA

AMERICAN QUARTER HORSE YOUTH ASSOCIATION