



# 2010 COMMITTEE MEMBER APPLICATION

**Applications for 2010 must be received in the AQHA office by March 15, 2010.**

**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 15, 2010**.

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

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

**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, year(s) of participation and any leadership roles held with such Affiliates:

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"/> Public Policy/Government affairs: | _____        | <input type="checkbox"/> Horseback Riding Program:    | _____        |
| <input type="checkbox"/> AQHA Committee Service:           | _____        | <input type="checkbox"/> Other:                       | _____        |

**EQUINE /AGRICULTURE-RELATED ACTIVITIES**

Specify any equine / agriculture related clubs or activities in which you have participated and year(s) of participation:

List any leadership roles you have held through your equine-related activities and year(s) of participation:

**ACADEMIC INFORMATION**

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

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

Have you ever been convicted of or plead no contest to an offence associated with inhumane treatment/abuse of a horse? Has a horse ever been judicially confiscated from you pursuant to local, state, federal or international law for an offense associated with inhumane treatment/abuse of a horse? If so, please explain the circumstances and outcome of such matter(s).

Have you or your business been the subject of any AQHA or other equine organization(s)' investigations and/or disciplinary action(s) associated with rule violation(s)? If so, please explain the circumstances and outcome of such matter(s).

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

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

**Any questions regarding the eligibility or requirements for becoming an AQHA Committee Member should be directed to Jackie Payne at (806) 378-4302 or [jpayne@aqha.org](mailto:jpayne@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 15, 2010**.

In the space provided below, please tell the Nominations and Credentials 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.**

|  |                      |  |                          |
|--|----------------------|--|--------------------------|
|  | Amateur              |  | Professional Horsemen    |
|  | Equine Research      |  | Public Policy            |
|  | Finance              |  | Racing                   |
|  | Foundation           |  | Recreational Activities  |
|  | International        |  | Show                     |
|  | Judges               |  | Stud Book & Registration |
|  | Marketing/Membership |  | Youth Activities         |

## 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.
- Represent members of AQHA in a professional manner in matters pertaining to the business, property and activities of the Association.
- 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 15, 2010.**