AQHA Professional Horsemen Application

Mailing Address: P.O. Box 200, Amarillo, TX 79168
WWW.AQHA.COM • ✆ 806-376-4811

Mission Statement
To enhance and promote industry professionals of the American Quarter Horse Association as the premier purveyors of equine services. The association serves to foster credibility, proficiency and advocacy, through the endorsement of superior industry standards that will enable professionals to excel in a sustainable career.

AQHA Professional Horsemen Code of Ethics

We, the members of the American Quarter Horse Association of Professional Horsemen in carrying out our role of providing service to the American Quarter Horse industry, recognize the need to do so in a professional manner, and to deal with the public and our colleagues with the highest degree of integrity. Therefore, we have set forth the following creed which shall govern our endeavors to fulfill our obligations:

• To adhere to the professional standards of the American Quarter Horse Association and to work to further its goals and objectives.
• To 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.
• To abide by stringent rules established and enforced by AQHA demanding that American Quarter Horse breeders, owners, trainers, exhibitors, show officials, judges and professional horsemen are continually responsible for the wellbeing and humane treatment of any American Quarter Horse entrusted to their care. These rules include, but are not limited to, prohibited training practices, prohibited surgical procedure, prohibited chemical administration, or prohibited devices that could affect a horse's performance or alter the horse's natural conformation. Such rules further include compliance of all medication policies.
• To conduct all business affairs with integrity, sincerity and accuracy in an open and forthright manner.
• To act with integrity in financial dealings with clients, other professionals and the public. In this regard, any horse shown by my spouse, client or child will be owned as prescribed by applicable rules.
• To fully disclose to customers the actual sales price and commissions involved in the sale or purchase of a horse.
• To not charge or receive a monetary commission, or other remuneration constituting a commission from both the buyer and seller of a horse.
• To handle our business, operations and communications (including those through social media) in a manner that promotes the positive image of the American Quarter Horse industry.
• To instill confidence among clients and the public in the American Quarter Horse industry, avoiding any action conducive to discrediting it or membership in the American Quarter Horse Association.
• To show respect, courtesy, and decency towards fellow AQHA Professional Horsemen at all times by upholding the highest standards of professional ethics and mutual civility regardless of circumstances.
• To create a supportive culture that builds and maintains a collaborative relationship with all AQHA Professional Horsemen.

By signing this application, I agree to be bound by the rules of application and the Code of Ethics of the Association of AQHA Professional Horsemen. I understand that in order to participate in this program, I must maintain a continuous individual membership with AQHA.

Applicant’s Signature: ___________________________ Date: _______________
YEARS OF OPERATION:

| Years as a trainer: | Years as a riding instructor: | Years as a breeder: | Years as a jockey: | Years at current location: |

If less than two years, list previous location:

Address

MEMBERSHIPS:

- AQHA Affiliate
- AQHA Racing Affiliate
- USA Equestrian Inc.
- National Barrel Horse Association
- National Cutting Horse Association
- National Reined Cow Horse Association
- National Reining Horse Association
- National Snaffle Bit Association
- Professional Rodeo Cowboys Association
- National Thoroughbred Racing Association
- U.S. Dressage Federation
- Women’s Professional Rodeo Association
- Cowboy Mounted Shooting Association
- National Ranch and Stock Horse Alliance
- World Conformation Horse Association
- Other Associations: ____________________________________________

JUDGES CARD(S) HELD:

- American Quarter Horse Association
- US Equestrian Federation
- American Miniature Horse Registry
- Canadian Equestrian Federation
- American Paint Horse Association
- Appaloosa Horse Club, Inc.
- Pinto Horse Association
- International Buckskin Horse Association
- National Cutting Horse Association
- National Reining Horse Association
- World Conformation Horse Association
- National Snaffle Bit Association
- Palomino Horse Breeders of America
- Pony of the Americas Club
- National Reined Cow Horse Association
- Cowboy Mounted Shooting Association
- Western Dressage Association of America

REFERENCES: References are required from two current AQHA Professional Horsemen, two clients and one AQHA National Director. Please list:

Professional Horseman:

Professional Horseman:

Client:

Client:

AQHA National Director: ____________________________

SERVICES OFFERED: (fill in all that apply)

- Conditioning for sales
- Boarding/Layups
- Mare care/Foaling services
- Stallion Services
- Race Trainer
- Breaking
- Professional Jockey
- Exercise Rider
- Frozen/Cooled Semen
- Embryo Transfer
- Horse Shoeing
- Horse Auctions/Sales
- Racing Challenge Nominated: Weanlings Yearlings Race Age
- Other

TRAINING:

Show:

- Youth
- Amateur
- Open

Western:

- Rail
- Reining
- Cutting
- Halter
- Roping
- Cow horse
- Versatility Ranch Horse
- Speed Events
- Pattern Classes

English:

- Rail
- Fences
- Driving
- Pattern Classes

Racing:

- Training Center
- Race Track

Lessons:

- Beginning
- Intermediate
- Advanced Horsemanship
- Handicapped Riding

Do you have lesson horses available: Yes No

Are you a member of a Trainer/Instructor Certification Program: Yes No

If yes, please list the programs: ____________________________________________

Other services (please specify): ____________________________________________

Years of operation:

- Years as a trainer:
- Years as a riding instructor:
- Years as a breeder:
- Years as a jockey:
- Years at current location:

Address

REFERENCE FORM IS ATTACHED BELOW. PLEASE HAVE EACH OF YOUR REFERENCES SUBMIT THE COMPLETED FORM DIRECTLY TO AQHA
HORSE SALE REFERRAL:
Do you want to be referred for horse sales?  ☐ Yes  ☐ No
If yes, you must complete the financial information below and abide by the following statement:

As an expressed condition to referral of potential customers by AQHA, the undersigned agrees not to charge or receive a monetary commission, or other remuneration constituting a commission from both the buyer and seller of a horse involved in the transaction in which the undersigned is representing a client in the purchase or sale thereof.

The undersigned agrees the violation of this expressed condition constitutes a violation of the Code of Conduct requiring integrity in financial dealings with clients, other professionals and the public, and shall be grounds for removal from membership in the Association of AQHA Professional Horsemen.

How do you market your horses? (fill in all that apply)
☐ Private Treaty  ☐ Public Sales  ☐ Production Sales

Price range of horses for sale: (fill in all that apply)
☐ $5,000 or under  ☐ $5,001 – $10,000  ☐ $10,001 – $25,000  ☐ more than $25,000

Signature ___________________________ Date ___________________________

PROFESSIONAL HORSEMEN MUST MAINTAIN A CURRENT-YEAR, INDIVIDUAL AQHA MEMBERSHIP.

Are you a current, individual AQHA Member?  ☐ Yes  ☐ No
If so, list your customer ID # _________________________________

If not, please mark below the AQHA membership you wish to obtain:
☐ 1 year $55  ☐ 3 year $140  ☐ Life $1,250

Please mark below the Professional Horsemen membership you wish to obtain:
☐ 1-year membership $60*  ☐ 3-year membership $150*

*One-quarter of the fee will be donated to one of these programs benefitting Professional Horsemen

Please apply my donation to the following program:
☐ Professional Horsemen Crisis Fund  ☐ Professional Horsemen Scholarship Fund
If no box is checked, the donation will be applied to the Professional Horsemen Crisis Fund.

If paying by credit card, your membership will automatically be enrolled in the convenient auto-renewal program. You can cancel at any time.

☐ I would not like to enroll my membership in the auto-renewal program.

Due payments MAY BE deductible by members as ordinary and necessary business expenses; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA’s Official Handbook of Rules and Regulations.

FEES SUBJECT TO CHANGE, AND PROFESSIONAL MEMBERSHIP APPLICATION FEES ARE NON-REFUNDABLE.

PLEASE DO NOT SEND CASH
Please list total amount enclosed (U.S. funds only) ______________

Send completed form to AQHA
ATTN: Professional Horsemen
P.O. Box 200, Amarillo, Texas 79168
806-376-4811

Please apply my donation to the following program:

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

☐ AMERICAN EXPRESS  ☐ MASTERCARD  ☐ VISA

☐ CHECK  ☐ MONEY ORDER

CARD NUMBER ___________________________

EXP. DATE (MMYY) ___________________________

DAYTIME PHONE ___________________________

CARDHOLDER NAME ___________________________

CARDHOLDER SIGNATURE ___________________________

BILLING ZIP CODE ___________________________

CREDIT CARD WILL BE BILLED FULL BALANCE OF SELECTED AND APPLICABLE FEES.

DO NOT SEND CASH • U.S. FUNDS ONLY
Applicant’s Name: 

Applicant’s Residence: 

The American Quarter Horse Association of Professional Horsemen was developed to bring the highest level of integrity to the American Quarter Horse industry. Today, the Association of Professional Horsemen comprises members who are committed to preserving the American Quarter Horse industry, assisting people involved with American Quarter Horses and improving equine activities through a united voice. Membership is reserved for members of AQHA and offered to trainers and other individuals who work with the equine athlete.

I, the undersigned, understand the above-named individual is applying for membership in the American Quarter Horse Association of Professional Horsemen. I am aware of the seriousness of this position and that being a member of the AQHA Professional Horsemen requires integrity, professionalism and sincerity. With this in mind, I submit the following information regarding this applicant.

(Please check the appropriate circle and make comments in the larger box below)

☐ Approve (explain please)  ☐ Disapprove (explain please)

☐ Professional Horseman  ☐ AQHA Director  ☐ Client  ☐ Other

Reference Name: 

Reference Signature: 

THIS IS A CONFIDENTIAL REPORT, PLEASE RETURN TO:
KMCCUISTION@AQHA.ORG OR BY MAIL TO:

AQHA
ATTN: KAREN MCCUISTION
PO BOX 200
AMARILLO, TEXAS 79168

PLEASE RETURN THIS REPORT PROMPTLY, AS WE CANNOT PROCESS THE APPLICANT’S MEMBERSHIP UNTIL ALL INFORMATION IS RECEIVED.