



2020 Membership Application

Valid from January 1st - December 31st

Name: _____ Renew # _____
First MI Last

Ranch Name: _____ New Member

Address: _____ Do Not Share My Information

City: _____ State: _____ Zip: _____ Birth Date: _____

Phone: _____ E-Mail: _____

DIVISION CLASSIFICATION: (Check One)

- General Member Open (Pro) Non-Pro/ Limited Non-Pro Novice Youth (14-18) Youth (8-13)

OPEN/NON-PRO ELIGIBILITY:

1. Have you received payment, directly or indirectly for riding, training, assisting in training, showing horse(s) at any time during the past 5 years. YES NO
2. Have you received payment, directly or indirectly for instructing another person, or conducted a seminar in riding, training, driving or showing a horse anytime during the past 5 years? YES NO
3. Have any of your expenses (including lodging, transportation, mileage, etc) been paid by someone else other than family members during the past 5 years? YES NO

Exemptions:

- I claim the ASHA Exemption for conducting clinics for reasonable expenses only.
- I claim the ASHA Exemption for collegiate students who are involved in 1,2, or 3 above as a part of my education curriculum.

NOVICE ELIGIBILITY:

4. I meet the requirements of the ASHA Non-Pro Division. YES NO
5. I have won **less than three** High-Point or Reserve High-Point awards at any ASHA Show, including ASHA Year End National or Regional High-Point or Reserve High-Point in any division or at similar association. YES NO
6. I have had limited showing experience in any of the four classes provided by ASHA. YES NO

I have read and understand the American Stock Horse Association Non-Pro and Novice Definitions, Rules, and Exemptions and will abide by them. I understand that the full responsibility concerning my eligibility rests solely on me. ASHA, its officers, directors & employees are not held responsible for the burden of proof for my eligibility. I understand that if there is a change in by status or eligibility that I must inform the American Stock Horse Association within 30 days of that change. I understand that my application will be reviewed by the ASHA Board of Directors, and Division Committees; their decisions shall be final.

Signature: _____ Date: _____

- Adult Membership - \$25 Youth Membership - \$15 Life Membership- \$250

Total Amount Enclosed: \$ _____ Visa/ MasterCard Check Paid At Show

Card #: _____ Cardholder: _____ Expiration Date _____ CVC _____

Billing Address: _____