

Membership Application

P.O. Box 200, Amarillo, TX 79168 • Overnight delivery: 1600 Quarter Horse Drive, Amarillo, TX 79104
www.AQHA.com • © 806-376-4811 • generalinfo@aqha.org

Please return completed form and payment to AQHA or apply online at www.aqha.com/join.

Customer Type (choose one): Individual
 Business/Partnership (membership type must be general)
 Joint Membership (membership type must be general)

AQHA ID # if known

Individual

Title First Name Middle Last Name Suffix

Date of Birth* MM/DD/YYYY

— Or —

Business/Partnership/Joint Name (E.g., John and Jane Doe or Doe Quarter Horses), cannot exceed 30 characters and spaces

Non-Individual/Company Name

Mailing Address*

Address Line 1*

Address Line 2*

City State/Province Zip/Postal Code

Country

E-mail Address Phone, include country code for international calling

*To include an alternate physical address to be used for year-end tabulations, please provide the information on the back of the form.

MEMBERSHIP TYPE AND DURATION (Select one. Fees are subject to change.)

GENERAL

- 12-Month Membership – \$65 USD
- 36-Month Membership – \$160 USD
- Life Membership – \$1,250 USD
- Show Management Fee – \$5 USD

AMATEUR*

- 12-Month Membership – \$75 USD
- 36-Month Membership – \$190 USD

UPGRADES

Upgrade your existing General membership to an Amateur for the remainder of its current duration. Life memberships will be upgraded for the term selected.

- 12-month Amateur Upgrade – \$10 USD
- 36-month Amateur Upgrade – \$30 USD

YOUTH

- 12-Month Membership – \$25 USD
- 36-Month Membership – \$65 USD
- Youth Life Membership – \$125 USD

GEN115.1 – The age of a youth as of January 1 will be the age maintained the entire year. For example, a youth who has a birthday in July and is 18 years of age January 1 must show the entire year as a youth.

*Amateur and Youth applicants must provide a date of birth.

AMATEUR MEMBERSHIP AGREEMENT – ONLY FOR AMATEUR MEMBERSHIP APPLICANTS

Amateur membership is a classification for people who wish to compete in AQHA amateur classes. To be an amateur member, you must abide by AQHA amateur rules contained in the AQHA Official Handbook of Rules & Regulations. Before submitting your application to AQHA, please carefully read such rules to ensure you meet amateur eligibility. Application for AQHA amateur membership shall become active only upon AQHA's acceptance of this application. By submitting your application for amateur membership, you affirm the truth of the following statements:

I have NOT within the previous three years of submitting this application:

- 1) Shown, judged, trained or assisted in training a horse (whether or not a registered American Quarter Horse) for remuneration, monetary or otherwise (refer to SHW225.3.1).
- 2) Instructed another person in riding, driving, training or showing a horse for remuneration, monetary or otherwise (refer to SHW225.3.1).
- 3) Held the credentials of a horse show judge for any organization including, but not limited to AQHA or any other equine organization.
- 4) Held a membership in accreditation with the Professional Rodeo Cowboys Association, Women's Professional Rodeo Association (barrel race only) or International Professional Rodeo Association, for those events or classes which are the same events or classes in which the individual competes, or desires to compete, in AQHA amateur competition. (Refer to SHW225.3.6 for specific provisions regarding roping classes.)

Signature: _____ Date: _____

METHOD OF PAYMENT

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AM EX	<input type="checkbox"/> DISCOVER
CARD NUMBER			
EXP. DATE (MMYY)		DAYTIME PHONE	
CARDHOLDER NAME			
CARDHOLDER SIGNATURE			BILLING ZIP CODE

Please be advised all payments will be assessed a nonrefundable transaction fee of 2.5%, effective May 1, 2022. AQHA reserves the right to waive the fee, if payment is submitted by check or money order.

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

DO NOT SEND CASH • U.S. FUNDS ONLY

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. A portion of your annual membership dues is designated as a subscription to *The American Quarter Horse Journal*, 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 is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. You can unsubscribe from these communications at any time.

I would like to opt out of email newsletters AQHA sends regarding AQHA, corporate partners or publications.

AUTO-RENEWAL

Your membership will automatically be renewed on the credit card provided unless you opt out by checking the box below. Graduating AQHYA members must apply for a general or amateur membership and will not be automatically renewed. You can cancel at any time by calling AQHA at 806-376-4811.

Opt out of auto-renewal

Physical address, when different than mailing address.

The physical address is used for year-end tabulations for horses within each country and state.

Address Line 1*		
Address Line 2*		
City	State/Province	Zip/Postal Code
Country		



Equestrians with Disabilities Competition Special Diagnosis Form

PLEASE NOTE:

Per **Rule SHW765** in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must have a medically diagnosed 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 _____

Address _____

City _____

State/Province/Country _____ Zip/Postal Code _____

Day Telephone (_____) _____ E-mail _____

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AQHA ID # (if known)

ELIGIBLE CONDITIONS

From the list below, please indicate each condition which applies to the applicant. Other conditions will be considered upon request (*please list in space provided*).

- | | | | |
|--|---|---|--|
| <input type="radio"/> amputation (partial to full joint) | <input type="radio"/> Coffin-Lowry syndrome | <input type="radio"/> juvenile rheumatoid arthritis | <input type="radio"/> Tourette syndrome |
| <input type="radio"/> ankylosis | <input type="radio"/> cystic fibrosis | <input type="radio"/> microcephaly | <input type="radio"/> traumatic brain injury |
| <input type="radio"/> arthrogyposis | <input type="radio"/> Down syndrome | <input type="radio"/> multiple sclerosis | <input type="radio"/> trisomy disorders |
| <input type="radio"/> Asperger syndrome | <input type="radio"/> dwarfism | <input type="radio"/> muscular dystrophy | <input type="radio"/> visual impairment |
| <input type="radio"/> autism spectrum disorder | <input type="radio"/> fragile X syndrome | <input type="radio"/> paresis | <input type="radio"/> upper motor neuron lesions |
| <input type="radio"/> Batten disease | <input type="radio"/> Friedreich's ataxia | <input type="radio"/> post-polio syndrome | <input type="radio"/> vision impairment |
| <input type="radio"/> cerebrovascular accident (stroke) | <input type="radio"/> Guillain-Barre syndrome | <input type="radio"/> Prader-Willi syndrome | <input type="radio"/> other _____ |
| <input type="radio"/> cerebellar ataxia | <input type="radio"/> hearing impairment | <input type="radio"/> Rett syndrome | |
| <input type="radio"/> cerebral palsy | <input type="radio"/> Hunter syndrome | <input type="radio"/> spina bifida | |
| | <input type="radio"/> intellectual disability | <input type="radio"/> spinal cord injury | |

MEDICAL STATEMENT

In accordance with **AQHA Rule SHW765**, this applicant has been diagnosed with the above designated condition(s).

Name of Physician _____ Date _____

Signature of Physician _____ License _____

City and State/Province/County of Practice _____

PLEASE NOTE: AQHA does not assume responsibility for safety of participants. In the case of adult participants, each participant assumes all risks of personal injury or property damage, and releases and discharges American Quarter Horse Association and Show Management, their respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act or omission if any of said indemnities. If the participant is a minor, the parent or guardian, by allowing participation assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge AQHA and Show Management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising from such participation, except for the negligent act or omission, if any, of an indemnitee. Further, as parent or legal guardian, they agree to indemnify and hold harmless AQHA and Show Management from such liability to the minor.

Signature of participant or parent/guardian (if under 18) _____ Date _____

**PLEASE RETURN COMPLETED FORM TO AMERICAN QUARTER HORSE ASSOCIATION
COMPETITION DEPARTMENT/ EQUESTRIANS WITH DISABILITIES
P.O. BOX 200
AMARILLO, TEXAS 79168
806-378-5083 or Fax 806-349-6412**

Equestrians with Disabilities Competition Special Adaptive Equipment and Independent Riding Ability Form

PLEASE NOTE: Per Rule SHW765.1 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 and riding ability form. This form must be completed, signed by a certified instructor or coach of Professional Association of Therapeutic Horsemanship (PATH) International (PATH Intl.), certified Special Olympics, coach US Para-Equestrian, Certified Horsemanship Association or IRD or a certified therapeutic riding instructor who is also a member in good standing of AQHA, indicating the riding ability and adaptive equipment required for the participant, and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

Name _____

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AQHA ID # (if known)

Address _____ City _____

State/Province/Country _____ Zip/Postal Code _____

Day Telephone (_____) _____ E-mail _____

ACCEPTABLE ADAPTIVE EQUIPMENT

From the list below (**SHW768.6**), please indicate the special adaptive equipment used by the competitor. Other equipment will be considered.

SADDLE

- Raised pommel
- Raised cantle
- Hard hand holds
- Soft hand holds
- Seat saver
- Knee rolls/blocks
- Thigh rolls/blocks
- Padded saddle flaps

STIRRUPS

- Rubber bands around foot and stirrup
- Enclosed stirrups
- Strap from stirrup leather to girth/cinch
- Strap from stirrup to girth/cinch

- No stirrups
- One stirrup

BRIDLE/REINS

- Looped rein/s
- Connecting bar reins
- Bridging rein
- Ladder reins
- Rein guides (*rein through ring on saddle*)
- Elastic insert in reins
- Side pulls

WHIPS

- One or two whips
- Strap attaching whip to hand

RIDING ATTIRE

- No boots if using safety stirrups (*Peacock, S-shaped irons or Devonshire stirrups*)
- Modified riding boots
- Gaiters
- Half chaps
- Off set spurs
- Safety vest

POSTURE, POSTURAL SUPPORTS & ORTHOSES

- L or R Arm sling
- Neck collar
- Ankle foot orthoses
- Prosthesis

- Wrist brace
- Back support
- Trunk support
- Gait belt

OTHER AIDS

- Commander using sign language
- Enlarged arena letters
- Audio Communications (for hearing impaired)
- Voice
- Bareback Pads
- Surcingles
- Other _____

INSTRUCTOR OR COACH STATEMENT

In accordance with **AQHA rule SHW765.1**, this applicant will be using the above designated equipment while competing in AQHA Equestrians with Disabilities competitions and has the ability to ride these special classes.

Name _____ Date _____

Signature _____ Certification Number _____

Type of certified instructor, check one: _____ AQHA Member Number _____

- Professional Association of Therapeutic Horsemanship International (PATH Intl.) certified instructor
- Certified Special Olympic coach US Para-Equestrian Coach
- Certified therapeutic riding instructor Certified Horsemanship Association Instructor

PLEASE NOTE: AQHA does not assume responsibility for safety of participants. In the case of adult participants, each participant assumes all risks of personal injury or property damage, and releases and discharges American Quarter Horse Association and Show Management, their respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act or omission if any of said indemnities. If the participant is a minor, the parent or guardian, by allowing participation assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge AQHA and Show Management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising from such participation, except for the negligent act or omission, if any, of an indemnitee. Further, as parent or legal guardian, they agree to indemnify and hold harmless AQHA and Show Management from such liability to the minor.

Signature of participant or parent/guardian (if under 18) _____ Date _____

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