



PO Box 2443 – 118 W. Commerce St.

979-836-3370

Brenham, Tx. 77834

www.achacutting.org

NON-PROFESSIONAL APPLICATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone# _____ Membership# _____

Please answer the following questions for Non-Professional Status: Please print. YES or NO

1. Occupation _____
2. Have you been a professional horse trainer in any equine discipline? _____
3. Have you ever been employed on a horse training operation? _____

If you answered _____ Whom _____
Year _____

YES to (3) Duties _____

4. Have you ever been denied Non-Professional status in any equine organization? _____
5. I own all legal and equitable interest to any horse I show. _____

Lifetime Earnings _____

I agree to become familiar with and be bound by the rules. I expressly agree to have all disputes related to compliance with of violation of these rules resolved by the procedures provided in the rules.

I understand that a false declaration will result in suspension of ACHA privileges for a period of a minimum of six (6) months for the first offense. It is the member's responsibility to notify the ACHA office immediately upon any change in his/her Non-Professional status. Failure to do so could result in loss of Non-Professional status for life.

SIGNATURE _____ DATE _____