



PO Box 2443
Brenham, Texas 77834
Phone 979-836-3370
Fax 979-251-9971
achacutting@yahoo.com

Dear Affiliates and those applying to be Affiliates:

The New Year is here and the Affiliate Membership Renewal is due. I have enclosed a copy of the Affiliate Guidelines for your convenience.

Please provide the following

- Annual membership fee: (\$50.00).
- Members List
- Affiliate – Officer Form (enclosed)
- Copy of Constitution and By-Laws

If you have any questions please call the office at 979-836-3370. We hope all the affiliates have a successful year.

Thank You,

Linda Lane
ACHA Office



P O Box 2443
 Brenham, Texas 77834
 Phone (979) 836-3370
 Fax (979) 251-9971
 www.achacutting.org

ACHA office use only

Date received: _____

Affiliate: _____

Primary Applicant Information: Member # _____

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (____) _____

(All ACHA Mail and Correspondence will be sent to the above address)

Social Security # (Required) _____

Circle All that Apply: Pro Non Pro Youth Judge

Must have YOUTH DOB _____

Have you ever shown under another name _____

2016-2017 Membership Application & Renewal

Valid from Oct 1, 2016 to Dec 31, 2017 unless Lifetime

CHECK ONE:

- Annual Household Membership \$50.00
- Annual Youth Membership \$25.00
- Lifetime Membership \$500.00
- Trainer Directory \$10.00

PRINT CLEARLY ALL ADDITIONAL ELIGIBLE MEMBERS IN HOUSEHOLD

Membership includes the holder, his/her spouse, and minor children (under 21 years of age and living in the same household as of October 1, 2016)

NAME (first, last)	SOCIAL SECURITY # (required)	CIRCLE ONE	D.O.B	MEMBERSHIP # (past mbr)
1. _____	____-____-____	Pro Non-Pro Youth	_____	_____
2. _____	____-____-____	Pro Non-Pro Youth	_____	_____
3. _____	____-____-____	Pro Non-Pro Youth	_____	_____

Upon acceptance of this application, I acknowledge that all members of my household riding under this membership shall comply with all Standing Rules and Bylaws governing the American Cutting Horse Association, inclusive of but not limited to timely payment of all membership dues, expenses, and entry fees. I further agree that all members of my household participating under the membership hereby release, discharge, hold harmless the American Cutting Horse Association, its affiliates and authorized agents from any claim of personal injury, loss or injury to livestock, or accidents arising out of or related to this membership.

IF NON-PRO:

I attest that I do not now, nor have I ever received direct or indirect remuneration or other consideration for training of a cutting horse or cutting horse rider.

SIGNATURE OF VOTING MEMBER _____ DATE _____ MEMBERSHIP # _____



PO Box 2443
Brenham, Texas 77834
979-836-3370
Fax: 979-251-9971
achacutting@yahoo.com

We, the undersigned, make application for approval as an affiliate of the American Cutting Horse Association. The name of our association (affiliate) shall be:

It is agreed that the following conditions must be met and maintained:

1. An affiliate membership base must consist of a minimum of ten (10) American Cutting Horse Association members in good standing.
2. The affiliate will maintain a membership in the American Cutting Horse Association with annual dues of \$50.00, payable upon receipt of notice.
3. The affiliate agrees to abide by all American Cutting Horse Association rules and bylaws.
4. Affiliates must provide the American Cutting Horse Association with a complete list of members, including addresses, no later than January 31 of each calendar year. All affiliate members must be current members of the American Cutting Horse Association.

MEMBER'S NAME	MEMBERS ADDRESS (City, State, Zip)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

President _____

Vice President _____

Secretary/Treasurer _____

DATE _____



Show Application

P O Box 2443
 Brenham, Texas 77834
 Phone: 979-836-3370
 Fax: 979-251-9971
 achacutting@yahoo.com

Name of Affiliate: _____

Date requesting show: _____ Starting time: _____

City: _____ State: _____ Arena: _____

Directions to arena: _____

Judge or Judges: _____

Show Secretary: _____ Phone # (for Newsletter) _____

Classes	Entry Fee	Added Money / Awards
1. Open		
2. Non Pro		
3. \$50,000 Non Pro		
4. \$15,000 Limit Horse		
5. \$20,000 Non Pro		
6. \$15,000 NH / NP		
7. \$3,000 Novice Horse		
8. \$2,500 Novice Rider		
9. \$1000 Novice Rider		
10. Youth		
11. 4 Open & Non Pro		
12. 5/6 Open & Non Pro		

Affiliate Secretary: _____ Phone #AM _____
 Address: _____ Phone # PM _____

Affiliate President: _____ Phone #AM _____
 Address: _____ Phone # PM _____

We hereby agree to conduct this cutting horse contest under the rules of the American Cutting Horse Association. We also agree to send the results of this contest, \$5 fee per entry and 6% of the entry fees to be received in the ACHA office within twelve (12) days of the conclusion of the contest. We understand that failure to submit the 6% & \$5 fee per entry and the results within twelve (12) days may result in a \$250 fine.

Signature of person submitting this application: _____

For ACHA Office use - Date received: _____ **APPROVED** **NOT APPROVED**

Comments: _____



P O Box 2443
 Brenham, Texas 77834
 Phone 979-836-3370
 Fax: 979-251-9971
achacutting@yahoo.com

SHOW RESULTS

CLASS: _____ DATE: _____

AFFILIATE NAME: _____

ARENA: _____ CITY, STATE _____

JUDGE(S): _____

OF HORSES: _____ (multiply by) ENTRY FEE: _____ = TOTAL PURSE: _____

6% TO ACHA: _____ PURSE LESS 6% _____ + ADDED MONEY: =
 TOTAL PURSE: _____

Signature of authorized person submitting show results: _____

Horse	Owner	Rider	Score	\$\$\$

RECAP OF PLACES PAID

Place	%	\$Amount	Place	%	\$Amount
1st			6th		
2nd			7th		
3rd			8th		
4th			9th		
5th			10th		



ACHA SHOW SUMMARY FORM

Affiliate: _____

Show Dates: _____

Number of Entries:

Day 1: _____

Day 2: _____

Day 3: _____

Total 6% from Show: _____

Total \$5.00 Fee from Show: _____

Total Memberships collected: _____

Total paid to ACHA: _____



P O Box 2443
Brenham, Texas 77834
Phone: 979-830-3370 Fax: 979-251-9971
achacutting@yahoo.com

Permit to Try a Horse

To: _____ Date: _____
(Show Secretary) (Date of application request)

_____ of _____, _____ has requested this
(Rider Name) (City) (State)

permit to show the horse _____ registration # _____.
(Horses name)

This horse is currently owned by _____ of _____, _____.
(Owner Name) (City) (State)

For identification purposes this horse is a _____
(Foaling Year) (Color of Horse) (Sex of Horse)

The horse's white markings are: _____.

This rider may show only in the Open, \$10,000 Limit, or \$3,000 Novice Horse class. The ACHA recognizes earnings from all horse organizations, and it is the rider's responsibility to add total earnings to determine eligibility of the horse. The above listed Non Pro will show this horse in

the _____ class at the _____ affiliate cutting
(Name of class) (Name of ACHA affiliate)

on _____. This cutting will be held in _____, _____
(Show date or dates-2 maximum) (City) (State)

"Upon notification in writing to the ACHA office, and after receiving an ACHA permit authorizing the same, an ACHA Non-Professional will be permitted to show a horse not owned by that contestant at a maximum of two (2) ACHA approved contests not designated as Non Pro classes for which the horse is eligible, provided the horse and shows are named with exact dates and there is no violation of Standing Rule 16, B.3 ("Proof of ownership may be required on any horse ridden in any ACHA Non-Professional Contest. Proof of ownership shall be exhibited upon request.") Only one such permit will be granted a rider for a given horse, and under no circumstances will points/earnings won count toward any ACHA or affiliate awards, title, or certificate for either rider or horse."

The Non Pro and the Show Secretary should sign and submit a copy of this permit notice with the show results of the applicable show(s).

Thank you,

ACHA Office Manager Date

Applicant Non Pro Signature Date Show Secretary Signature Date