



To: Affiliate Applicants
From: American Cutting Horse Association

Thank you for your interest in forming an ACHA affiliate.

The ACHA offers incentives to new affiliates and wanted to make you aware should you have any interest in forming an affiliate with the American Cutting Horse Association.

New Affiliate Incentive Rule: After a new affiliate or producer is approved and conducts the required number of shows (3 shows) during their first point year, they will receive a rebate of 50% of their six percent (6%) fee deducted from the total entry fees paid in their first three (3) shows. In the new affiliate or producer's second point year, after completing the required number of shows (four (4) shows), they will receive a rebate of fifty percent (50%) of their six percent (6%) fee deducted from the total entry fees paid in their first two (2) shows of their second point year.

Classes currently offered are:

- Aged Events – Open and Non Pro (no limit on number of horses shown)
- Open
- Non Pro
- Senior Non Pro
- 50,000 Non Pro
- 15,000 Novice Horse
- Jr and Sr Youth
- 15,000 Novice Horse/Non Pro
- 20,000 Non Pro
- 1000 Limit Rider
- 2500 Limit Rider
- 3000 Novice Horse

Our Championship Show is a qualifying show for the Weekend Classes. Aged Events at the Championship Show are not qualifying. Complete rules for qualifying can be found in our online Rulebook. The ACHA does recognize NCHA as well as ACHA earnings when determining eligibility for horse and rider.

Please feel free to contact us for more information:

ACHA Office

979-836-3370

achacutting@yahoo.com

Respectfully,

Billy Bob Moore
ACHA President



P O Box 2443
Brenham, Texas 77834
Phone (979) 836-3370
achacutting@yahoo.com

ACHA office use only
Date received: _____
Affiliate: _____

2021 Membership Application & Renewal

Valid from Jan 1, 2021 to Dec 31, 2021 unless Lifetime.

CHECK ONE:

- ☐ Annual Household Membership \$50.00
☐ Lifetime Membership \$500.00
☐ Youth Membership \$25.00
(Must be 18 or under on Jan 1)
☐ Trainer Directory - Add \$10.00
(Contact info will be listed on website)

Primary Applicant Information: Member # _____
Name _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Ranch or Company may be included _____
Phone () _____
Social Security # (Required) _____
Circle All that Apply: Pro Non Pro Youth Owner Judge
Non Pro applicants must attach completed Non Pro Application.
Must have YOUTH D.O.B: _____
Have you ever shown under another name? _____

PRINT CLEARLY ALL ADDITIONAL ELIGIBLE MEMBERS IN HOUSEHOLD (Membership includes the primary, his/her spouse, and minor children under 21 years of age and living in the same household as of January 1, 2021)

NAME (first, last)	SOCIAL SECURITY #	CIRCLE ONE	YOUTH D.O.B	MEMBERSHIP #
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/AGENT _____ DATE _____ MEMBERSHIP # _____



PO Box 2443

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 _____ Whom _____

answered _____ 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 or 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 _____



PO Box 2443
Brenham, Texas 77834
Phone 979-836-3370
Fax 979-251-9987
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, as well as a copy of the Affiliate's Constitution and Bylaws.

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

Officers:

President _____

Vice President _____

Secretary/Treasurer _____

DATE _____



Show Application

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

Name of Affiliate: _____

Date Requested: _____ Starting time: _____

City: _____ State: _____ Arena: _____

Directions to arena: _____

Judge or Judges: _____ +++ _____

Show Secretary: _____ Phone # _____

Classes	Entry Fee (Entry/Cattle/Office)	Added Money
1. Open		
2. Non Pro		
3. \$50,000 Non Pro		
4. Senior Non Pro		
5. \$15,000 Novice Horse		
6. \$20,000 Non Pro		
7. \$15,000 NH / NP		
8. \$3,000 Novice Horse		
9. \$2,500 Novice Rider		
10. \$1000 Novice Rider		
11. Youth		
12. 4 Yr Open & Non Pro		
13. 5/6 Yr 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 five (5) days of the conclusion of the contest. We understand that failure to submit the 6% & \$5 fee per entry and the results within five (5) days may result in a \$250 fine.
Signature of person submitting this application: _____

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

Comments: _____



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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: _____



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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 in the Open, \$15,000 Novice, or \$3000 Novice Horse class. The ACHA recognizes earnings from NCHA and ACHA, and it is the rider's responsibility to add eligibility in both associations to determine eligibility of the horse. The above 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 shall 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

