

WESTERN INTERNATIONAL WALKING HORSE ASSOCIATION AMATEUR CARD APPLICATION

Please PRINT CLEARLY and fill in ALL the information needed below in order for WIWHA to issue your card correctly.
THIS APPLICATION WILL BE RETURNED IF YOU OMIT ANY OF THE BELOW INFORMATION!

Name _____

Street Address _____

City _____ State _____ Zip _____ Occupation: _____

Day Phone () _____ Evening Phone () _____

1. Do you receive remuneration for employment in connection with horses in any show, or boarding stable or riding academy? YES or NO
2. Do you receive remuneration for exercising, schooling, riding, driving, or giving instruction? YES or NO
3. Do you ride or show in halter, in any class other than a WHTA Auxiliary or Trainers Wives and Daughters class, any horse which you OR a member of your "Immediate family" accepts remuneration for boarding or training from a person outside of the "Immediate family" (Exception: One may exhibit a customer's horse in an open class)? YES or NO
"IMMEDIATE FAMILY": includes husband, wife, parents, stepparent, child, stepchild, brother, sister, Half-brother, half-sister, in-laws of the same relations stated herein, and grandparents.
4. Do you receive remuneration for riding or showing in halter, any horse which your employer or a member of the immediate family of your employer boards or trains? YES or NO
5. Do you receive remuneration for the use of your name, photograph, or other form of personal association as a horseman in connection with any advertisement or article to be sold? YES or NO
6. Is standing a breeding stallion OR boarding horses your principal means of income? YES or NO
7. Do you have an "IMMEDIATE FAMILY" member that engages in any activities described above? YES or NO
If "YES" do you aid or assist them with or without receiving remuneration? YES or NO
8. Have you engaged in any activities described above within the most recent two-year period? YES or NO

I HEREBY DECLARE THAT THE RESPONSES TO ALL QUESTIONS ARE TRUE. I REALIZE THAT A PERSON WHO KNOWINGLY AND FALSELY REPRESENTS HIMSELF OR HERSELF TO BE AN AMATEUR OR VIOLATES ANY PROVISION OF THE AMATEUR RULES IS SUBJECT TO DISCIPLINARY ACTION BY THE RULES AND COMPLIANCE COMMITTEE

Signature _____ Date _____

WIWHA
c/o Susie Bray
5120 63rd Avenue NW
Gig Harbor, WA 98335

Fee: \$20.00 - Checks should be made payable to WIWHA and mailed to the above address: