

Qualifications to join the program as a breeder:

- Must be listed as a breeder (according to AQHA rules) of at least one registered foal for at least four consecutive years, including the current year.
- Must be an AQHA member in good standing for at least four consecutive years, including the current year.

Qualifications to join the program as a stallion owner:

- Must have submitted a stallion breeding report for the past four years.
- Must be an AQHA member in good standing for at least four consecutive years, including the current year.

CONTACT INFORMATION:

Name

Phone (*preferred number to be listed on the Web site*)

Address

Phone (*this is a second number if needed*)

City, State, Zip

Web site address (*if available*)

Country

E-mail address (*if available*)

AQHA Identification Number

List other ID numbers under which you have AQHA records:

4aHORSE is an AQHA operated Web site and referral service designed to provide horse enthusiasts and potential owners or riders with reliable and timely information on horses for sale; professional services such as training and riding instruction; and horse vacations. By being a member of AQHA's Breeder Referral Program, you automatically are eligible to be placed in the 4aHORSE referral database. If you do not wish to have referrals through the 4aHORSE program, please indicate your choice here:

- I do not wish to be placed in the 4aHORSE referral program.
 I wish to be placed in the 4aHORSE referral program.

MEMBERSHIPS:

Other association memberships you have: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> AQHA Affiliate | <input type="checkbox"/> United States Equestrian Federation |
| <input type="checkbox"/> National Barrel Horse Association | <input type="checkbox"/> National Cutting Horse Association |
| <input type="checkbox"/> National Reined Cow Horse Association | <input type="checkbox"/> National Reining Horse Association |
| <input type="checkbox"/> National Snaffle Bit Association | <input type="checkbox"/> PRCA <input type="checkbox"/> WPRA |
| <input type="checkbox"/> National Thoroughbred Racing Association | <input type="checkbox"/> Other |

REFERENCES: List the name, address and phone number of three customers who can be contacted by AQHA concerning your business reputation. Additionally, list any AQHA Directors who are familiar with you and your business reputation.

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

SERVICES OFFERED: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Conditioning for Sales | <input type="checkbox"/> Export/International Sales/Quarantine Facilities/International Shipping Point | |
| <input type="checkbox"/> Boarding/Layups | <input type="checkbox"/> Mare Care/Foaling Services | <input type="checkbox"/> Stallion Services |
| <input type="checkbox"/> Shipped Semen Services | <input type="checkbox"/> Approved International Shipped Semen Services | |
| <input type="checkbox"/> Frozen Semen | <input type="checkbox"/> Racing Challenge Enrolled Foals | <input type="checkbox"/> Embryo Transfer |
| <input type="checkbox"/> Incentive Fund Nominated: _____ Stallions _____ Foals | | |
| <input type="checkbox"/> Horse Auctions | <input type="checkbox"/> Horse Shoeing | <input type="checkbox"/> Other _____ |

How many of the following do you sell per year?

_____ Weanlings	_____ Yearlings	_____ Broodmares
_____ Horses in training	_____ Trained horses	_____ Other _____

Do you breed for or sell specific colors of horses? Yes No

If so, what colors? _____

Do you breed and raise specific bloodlines? Yes No

If so, please list: _____

Please select discipline(s) or use(s) for which you breed:

- | | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Ranching | <input type="checkbox"/> English Rail | <input type="checkbox"/> Racing | <input type="checkbox"/> Recreational Riding | <input type="checkbox"/> Roping |
| <input type="checkbox"/> Western Rail | <input type="checkbox"/> Fences | <input type="checkbox"/> Reining | <input type="checkbox"/> Cutting | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Cow Horse | <input type="checkbox"/> Driving | <input type="checkbox"/> Halter | <input type="checkbox"/> Speed Events | |

How do you market your horses? (check all that apply)

- Private Treaty Public Sales Production Sale

Price range of horses for sale:

- \$5,000 or under \$5,001 - \$10,000 \$10,001 - \$25,000 more than \$25,000

How many American Quarter Horse stallions do you stand? _____

Please list stallions' names, registration numbers and breeding fees: (attach list if necessary)

YEARS OF OPERATION: Please indicate all that are appropriate.

Years as a breeder: _____ Years at current location: _____

If less than two years, previous location:

Address: _____ City, State, Zip: _____

If your horses are located somewhere other than your current address, please provide the following information:

Name of person, farm or business AQHA Identification Number Phone

Address Web site address (if available)

City, State, Zip E-mail address (if available)

BACKGROUND INFORMATION:

Have you ever been convicted of a felony? Yes No

If yes, give full details: _____

Have you ever been suspended or sanctioned by a voluntary organization? Yes No

If yes, give full details: _____

FINANCIAL INFORMATION:

List at least one financial institution that has knowledge of your credit worthiness and business reputation. Please attach a letter of recommendation from that institution.

Name of financial institution: _____ Address: _____

City, State, Zip: _____ Daytime telephone: (____) _____

Social Security Number of applicant or Social Insurance Number (Canada) of applicant:

_____ - _____ - _____

Federal tax identification number: *(if applicant is a corporation or other legal entity)*

_____ - _____

CONSENT OF CREDIT INFORMATION REQUEST

As an applicant, AQHA may request an investigative consumer report that will include information as to my character, general reputation, personal characteristics and mode of living. Said report is covered by the Fair Credit Reporting Act, which is a federal law. Under its provisions, AQHA may need another signed authorization for such disclosure at the time the report is ordered.

However, this questionnaire shall constitute my written consent for AQHA or any other person or organization authorized to request credit worthiness. Said persons also are authorized to request credit, financial or business information concerning me from any credit bureau or their statistical organization and that, upon request, I will give AQHA further authorization as is needed.

The above information and consent for credit investigation is true and correct to the best of my knowledge and belief, and is hereby submitted by the undersigned to support my pending application for membership in the American Quarter Horse Association Breeder Referral Program. If at any future time AQHA determines there is the need for additional information, I agree to promptly provide such information and fully cooperate to show myself a worthy candidate for membership.

Signature

Date

AQHA Breeder Referral Code of Ethics

We the members of American Quarter Horse Association Breeder Referral Program, in carrying out our role as breeders of American Quarter Horses, recognize the need to do so in a professional manner, and to deal with the public and our colleagues with the highest degree of integrity. Therefore, we have set forth the following creed which shall govern our endeavors to fulfill our obligations:

- To support AQHA's mission of preserving the integrity of the American Quarter Horse breed by upholding quality, selective breeding standards and accurate records.
- To ensure the welfare of the American Quarter Horse is paramount and that every American Quarter Horse shall at all times be treated humanely and with dignity, respect and compassion.
- To conduct all business affairs with integrity, sincerity and accuracy in an open, forthright manner.
- To handle breeding operations and business dealings in a manner which promotes the image of the American Quarter Horse and instills confidence in the industry.

By signing this application, I agree to be bound by the rules of AQHA and the Code of Ethics of the American Quarter Horse Association Breeder Referral. I understand that in order to participate in this program, I must maintain a continuous membership with AQHA.

Applicant's signature: _____ AQHA ID#: _____
Must maintain individual, current-year membership

Date: _____

AQHA Breeder Referral Membership:

- 3 year.....\$60
 1 year.....\$25

AQHA Membership:

- Life.....\$500
 3 year.....\$80
 1 year.....\$40

Journal Subscriptions:

	1yr U.S.	3yr U.S.	1yr Canada	1yr International
<i>The American Quarter Horse Journal</i>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$60	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80
<i>The American Quarter Horse Racing Journal</i>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$60	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50
Both Magazines	<input type="checkbox"/> \$40	<input type="checkbox"/> \$100	<input type="checkbox"/> \$81	<input type="checkbox"/> \$150

If paying by credit card, your membership will automatically be enrolled in the convenient auto-renewal program. *You can cancel at any time.*

I would not like to enroll my membership in the auto-renewal program.

Total Enclosed: _____
(U.S. funds only)

Dues payments MAY BE deductible by members as ordinary and necessary business expenses. However, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. Donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. \$1 of your annual membership dues is designated for a subscription to America's Horse, AQHA's official member publication.

Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

FEES SUBJECT TO CHANGE.
Please do not send cash.

Check or Money Order (U.S. funds only) Visa MasterCard American Express

Name on Credit Card: _____

Card No.: _____ Expiration date: _____

Signature: _____

Send completed form to:
P.O. Box 200 • Amarillo, Texas 79168
1600 Quarter Horse Drive • Amarillo, Texas 79104
(806) 376-4811