



COMMITTEE MEMBER APPLICATION

TQHA Membership #: _____

Number of years involved with TQHA: _____

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

Email Address: _____

Primary Area(s) of interest: Racing Showing Youth Barrel Racing

Why do you want to be involved on a TQHA committee?

Did a TQHA board member refer you to join a TQHA committee? If yes, please indicate.

References –Please list 3 TQHA Board of Directors and/or TQHA members as a reference.

Have you or your business been the subject of any AQHA or other equine organization (s)' investigations and/or disciplinary action (s) (including but not limited to, fines, suspension, reprimand, disqualification, etc) associated with rule violation(s)?

If yes, please explain the circumstance and outcome of such matter. (use additional paper if needed)

Signature: _____

Date: _____

Complete and return application to:
Texas Quarter Horse Association
706 W 11th Street, Suite D; Elgin, Texas 78621