The Palomino Horse Breeders of America Professional Horsemen Application

| Name | Phone(Preferred number to be listed on web site) |
|---|---|
| Address | Phone (List a second number if needed) |
| City, State, Zip | Web site address (if available) |
| E-mail Address (if available) | |
| PHBA Identification Number | Other Professional Associations |
| By becoming a member of Palomino Profes clients expect a higher standard or conduct. | assional Horsemen, such member understands that the equine industry and As such, a member understands and agrees that PHBA has the right to er's alleged conduct. Further, such member must cooperate in the |
| WE, the members of the Palomino Profession Palomino industry, recognize the need to do so colleagues with the highest degree of integriting govern our endeavors to fulfill our obligation: To adhere to the professional state to further its goal and objectives. To ensure that the welfare of the shall at all times be treated hum. To conduct all business affairs with manner. To act with integrity in financial confidence shown by my stapplicable rules. To handle our business and oper Horse Industry. To instill confidence among client action conducive to discrediting its By signing this application, I agree to be bound. | andards of the Palomino Horses Breeders of America and to work Palomino Horse is paramount and that every Palomino Horse annely and with dignity, respect, and compassion. Pith integrity, sincerity and accuracy in an open and forthright dealings with clients, others professionals and the public. In this spouse, client, or child will be economically owned as prescribed by rations in a manner which promotes the image of the Palomino and the public in the Palomino Horse industry, avoiding any it or membership in the Palomino Horse Breeders of America. and by the rules of application and Code of Ethics of the Palomino derstand that in order to participate in this program, I must |
| Applicant's Signature: | PHBA ID# |
| Date | |

4aHorse is a PHBA 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 service such as training and riding instruction; and horse vacation. By being a member of the Palomino Horses Breeders Association of Professional Horsemen, you are automatically eligible to be placed in the 4aHORSE referral database. Please indicate your choice here: I wish to be placed on the 4aHorse referral program. I do not wish to be placed on the 4aHorse referral program. YEARS OF OPERATION: Years as a Trainer: Years as a riding instructor: Years at current location: _____Address______City, State, Zip If less than 2 years, list previous location: **MEMBERSHIPS:** Other Association Memberships that you have: (check all that apply) _____AQHA Affiliate ____USA Equestrian, Inc _____National Cutting Horse Association National Reined Coe Horse Association _____National Snaffle Bit Association National Reining Horse Association PRCA WPRA National Barrel Horse Association JUDGES CARD(S) HELD: (Check all that apply) American Miniature Horse Registry American Paint Horse Association _____American Quarter Horses Association _____Appaloosa Horse Club _____Canadian Equestrian Federation ___National Cutting Horse Association _____National Reining Horse Association National Snaffle Bit Association Palomino Horses Breeders of America Pinto Horse Association of America ___Pony of the Americas Club _____International Buckskin Horse Association **REFERENCES:** References are required from two current Palomino Professional Horsemen and 2 clients. These references will be contacted by PHBA. Professional Horseman **Professional Horseman:** Name: Address: _____ City, State, Zip_____ City, State, Zip_____ Phone: Phone: Client Reference Client Reference Name: City, State, Zip_____ City, State, Zip_____ Phone: SERVICES OFFERED: (_____Rail _____Conditioning for sales _____Boarding/Lay-ups _____Mare Care/Foaling Service _____Frozen /Cooler Semen _____Incentive Fund Nominated: _____Stallions _____Foals Horse Shoeing Horse Auction Other: TRAINING: Show: Youth ____Amateur ____Open Western: _____Rail _____Reining _____Cutting _____Halter _____Roping English: _____Rail _____Fences _____Driving _____Pattern Classes Lessons: _____Beginning _____Intermediate _____Advance Horsemanship _____Handicapped riding Do you have Lesson Horse available: _____Yes _____No? Are you a member of a Trainer/Instructor Certification Program: Yes No? If yes, Please list the programs: Other Services: Please specify_____

| Do you want to be referred for hors | se sale? Yes | No |
|---|---|--|
| As an expressed condition of receive a monetary commission, horse involved in the transaction. The undersigned agrees that requiring integrity in financial of from membership in PHBA's Pa | referral of potential or other remuneration in which the undersign at violation of this ex dealings with clients, or | |
| Private Treaty | Public Sale | Production Sale |
| Price range of horses | of sale: (Check all that a | oply) |
| \$5,000 or under | \$5001-\$10,000 | \$10,001-\$25,000more than \$25,000 |
| | | NAL HORSEMAN FOR ANOTHER BREED? |
| As an applicant PHBA information as to my char Said report is covered by provisions, PHBA may nereport is ordered. However, this question or organization authorized credit, financial, or business. | A may request an acter, general reputy the Fair Credit eed another signed aire shall constitute to request credit were shall constituted. | investigative consumer report which will include station, personal characteristics, and mode of living. Reporting Act, which is federal law. Under its d authorization for such disclosure at the time the emy written consent for PHBA or any other person orthiness. Said person also are authorized to request |
| knowledge and belief, an application for membershi time PHBA determines the | n request, I will give and consent for created is hereby submoderate in the Palomino ere is the need for | cerning me from any credit bureau or their statistical e PHBA further authorization as is needed. Edit investigation is true and correct to the best of my nitted by the undersigned to support my pending of Professional Horsemen Program. If at any future additional information, I agree to promptly provide a worthy candidate for membership. Date |
| knowledge and belief, ar application for membershi time PHBA determines the such information and fully | n request, I will give and consent for created is hereby submoderate in the Palomino ere is the need for | e PHBA further authorization as is needed. Edit investigation is true and correct to the best of my nitted by the undersigned to support my pending of Professional Horsemen Program. If at any future additional information, I agree to promptly provide a worthy candidate for membership. |

| | | – year, individual PHBA membership. | | | | | | | | | | |
|---|-------------------------------|-------------------------------------|--|--|--|------------------------------|--|--|--|--|--|--|
| Are you a current, individual If so, list your customer ID#_ | | | | | | | | | | | | |
| If not, please mark below the | PHBA membership you wish\$400 | h to obtain: | | | | | | | | | | |
| 3 year . | \$110 | | | | | | | | | | | |
| 1 year \$44 | | | | | | | | | | | | |
| Pleas mark below the Professi | onal Horseman membershi | p you wish to obtain: | | | | | | | | | | |
| 3 year\$701 year\$35 Would you like to subscribe to the Palomino Horses Magazine? If so please mark your choice below: | | | | | | | | | | | | |
| | | | | | | Palomino Horses Magazine: | Palomino Horses Magazine: one year\$35 | | | | | |
| | | | | | | Gifts to the Palomino Horses | Breeders of America are | ry and necessary business expenses; however, not deductible as charitable contribution for federal no Horses Breeders of America ARE tax deductible to | | | | |
| | Please do not | send cash | | | | | | | | | | |
| Please list the total amount en | closed (U.S. funds only): | | | | | | | | | | | |
| If you would like to use your c | redit card, complete the foll | lowing: | | | | | | | | | | |
| Visa | MasterCard | Discover | | | | | | | | | | |
| Name on Credit Card | | | | | | | | | | | | |
| Card # | | Expiration Date | | | | | | | | | | |
| Signature Fees listed above are for cash/check | paying customers | | | | | | | | | | | |
| | Send Complet PHB | | | | | | | | | | | |
| | ATTN: Profession | | | | | | | | | | | |
| | 15253 E. S. | | | | | | | | | | | |
| | Tular OV 7 | 4117 2627 | | | | | | | | | | |

Tulsa, OK 74116-2637