BYLAW OR RULE CHANGE PROPOSAL FORM

PALOMINO HORSE BREEDERS OF AMERICA

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www.palominohba.com

USE TO SUBMIT A BYLAW OR RULE CHANGE PROPOSAL (MUST BE POSTMARKED 120 DAYS PRIOR TO CONVENTION FORMS CAN BE MAILED TO THE PHBA OFFICE, EMAILED TO shirley@palominohba.com, OR FAXED TO (918)438-1232

A rule or regulation is not subject to amendment by change, addition or repeal until it has been in force for at least two calendar years. Such limitation may be waived by the PHBA Executive Board upon finding extraordinary circumstances: A. Concerns the safety, health or well being of a horse and/or rider; B. Materially benefits PHBA's programs or it's financial stability; or C. Involves other compelling circumstances.

The PHBA President will assign proposed bylaw or rule changes to specific committees for their recommendations. Some committees may be asked to review a proposed rule change and report their recommendations to another committee that ultimately reports to the Board of Directors. Committee Chairs will need to coordinate that input. Committees are free to discuss other proposed rule changes but the assigned committee's recommendation is that which will be used during voting at the Board of Directors' meeting.

Instructions for writing a proposed rule change:

- **Define the problem and develop as many positive solutions as possible.**
- **Determine if any other rules would be affected if your proposal were to be adopted and specify the rule numbers.**
- **Submit proper wording for a proposed rule change by typing or neatly printing the exact wording being proposed. If you propose changes to existing language, ~~strike through~~ the words you propose to delete. Type in bold and italics the words you wish to add**
- **Determine the financial impact (both income and expense) your proposal could have on PHBA.**
- **You must get signature of three (3) PHBA members who support this proposal.**

1. **PROPOSED CHANGE (select one):**

   _____**ADD NEW RULE**

   _____**DELETE EXISTING RULE. Reference rule as it appears in the _____official Handbook.**

   __X__**CHANGE EXISTING RULE. Reference rule as it appears in the __2026__official Handbook.**

   Rule Number __7__ Page Number __11__

2. **PROPOSED EFFECTIVE DATE: __X__January 1, 2028 _____Other _____**

3. **Is this proposal changing a rule that was implemented within the last two years? ____YES __X__NO**
   (Refer to PHBA Rule 33, page 13 of 2026/2027 Handbook)

4. **If adding a new rule or changing an existing rule, write rule as it should appear in the Handbook: (use attachment if needed)**

   7. Membership Term. All PHBA, PHBA-Y and PHBA-A memberships are for the calendar year in which they are paid. All memberships expire on December 31st of the calendar year. Paid-up, multi-year memberships will renew automatically through the final year of their paid-up membership agreement. Any membership fee paid in a calendar year in which a membership is currently active will go towards the renewal of said membership on January 1st of the year following the membership expiration or January 1st following the final year of a multi-year membership. All dues are payable to PHBA

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5. Justification for change and impact if not passed: (use attachment if needed)

Simplify bookkeeping and the administration of memberships. The organization will continue to face significant challenges in the administration of membership accounting unnecessarily.

6. How will this rule change affect PHBA financially if adopted:

There are no expected adverse effects.

7. Estimated expense to PHBA if rule change is adopted:

No costs, other than the administrative costs of creating the change in the rule book

8. Contact information of person submitting proposed change:

Name By-Laws & General Rule Committee PHBA ID# _____

Address: _____ City _____

State _____ Zip _____ Phone Number _____

Email _____

Signature _____ Date 11/09/2026

REFERENCES:

1. PRINTED NAME Scott Holanda, Chairperson PHBA ID# on file

SIGNATURE on file

2. PRINTED NAME Lowanda McDowell, Co-Chairperson PHBA ID# on file

SIGNATURE on file

3. PRINTED NAME Julie Hoepf, EB Liaison/Committee Member PHBA ID# on file

SIGNATURE on file

THIS FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED; THEY WILL BE RETURNED TO SUBMITTER, NOTING WHAT IS INCOMPLETE. IF TIME ALLOWS BEFORE SUBMISSION DEADLINE, PROPOSAL MAY BE RESUBMITTED WITH CORRECTIONS. NO PROPOSAL WILL BE CONSIDERED IF RECEIVED AFTER DEADLINE.

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