

CANADIAN CUTTING HORSE ASSOCIATION
APPLICATION FOR AMATEUR CARD

CCHA members consider it a privilege, not a right, to hold Amateur status within our Association. Therefore, an Amateur card is granted annually under the rules established by the CCHA Executive Committee, acting for the CCHA Board of Directors. It is your responsibility to study the official CCHA "Handbook of Rules & Regulations" (particularly Standing Rule 9).

Complete this form (PLEASE PRINT). Either an active CCHA Director or TWO members holding current Non-Professional cards must sign and print his/her name in the indicated space(s) at the end of this form.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone: Work: () _____ Home: () _____ Cell: () _____

CCHA Membership # _____

Please answer the following questions:

1. What is your occupation?

2. Have you ridden, trained or assisted in training horses or horse riders for remuneration, directly or indirectly?
3. Have you ever been or are you presently employed, in any capacity, on a horse training operation?

4. Are you a child of a horse trainer? _____
5. Are you a relative of and living in the same household as a horse trainer? _____
6. Are you now, or have you ever been, married to or had a spousal relationship with a horse trainer?
_____.
7. Do you understand that any infraction, by you, of the rules governing Amateur eligibility and/or ownership of horses, could cause disciplinary action by the CCHA Executive Committee.

8. Have you ever been denied Amateur or Non-Pro Status?

Not acceptable unless completed below:

APPLICANT:

I agree to abide by all the conditions specified in the official CCHA "Handbook of Rules & Regulations". I have read and understand the CCHA Rules relating to Amateur Status. I also understand that a false declaration will result in disciplinary action by the CCHA Executive Committee. I agree it is my responsibility to notify the CCHA office immediately upon any change in my Amateur Status.

CCHA # _____ Signed _____ Date _____ / _____ / _____
Month Day Year

Director or Non-Professionals:

I hereby certify that I am a member in good standing with the CCHA. I know the Applicant and have read his/her application for a Amateur card. To the best of my knowledge, the facts contained in the application are true and correct. I understand that I may be subject to disciplinary action from the CCHA Executive Committee if the facts contained in this application are untrue and I knew or, with reasonable diligence, should have known they were untrue.

1. CCHA # _____ Name (Please Print) _____

Telephone: Work: () _____ Home () _____ Cell: () _____

Signed: _____ Date: _____ / _____ / _____
Month Day Year

2. CCHA # _____ Name (Please Print) _____

Telephone: Work: () _____ Home: () _____ Cell: () _____

Signed _____ Date: _____ / _____ / _____
Month Day Year

FOR OFFICE USE ONLY:

_____ (Approved) _____ (Not Approved) Date: _____

Chairman Signature _____ CCHA # _____
(Chairman may not approve his own application or those of immediate family members).