

# IBHA AMATEUR CARD APPLICATION

**Office Use Only**

Date Recv \_\_\_\_\_

Date Mailed \_\_\_\_\_

Renewal \_\_\_\_\_

(Second Revision Effective 6-1-93)

**All Funds Must Be U.S. Funds Only - Please notify IBHA of any address change. Allow 30 days for processing - This application must be completed in its entirety. The Annual Fee of \$10.00 MUST accompany this application. Only IBHA Members may apply for Amateur Status.**

**Rush** ( ) Yes ( ) No - If yes, please include **\$15.00 fee in addition to applicable card fee** - Must be marked RUSH on outside of envelope. Work processed within 10 days if application is complete and correct.

Indicate the year for which you are applying 20\_\_\_\_ (card expires December 31, of the current year)

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
Box or Street City State Zip Code

3. Phone (\_\_\_\_) \_\_\_\_\_ 4. I.B.H.A. Identification Number \_\_\_\_\_  
Area Code

5. Age \_\_\_\_\_ B. Date of Birth \_\_\_\_\_ C. Marital Status: ( ) Married ( ) Single  
 ( ) Divorced ( ) Widowed

6. Indicate occupation or business \_\_\_\_\_  
 If horse related, please explain \_\_\_\_\_

7. Spouse's Name \_\_\_\_\_ Spouse's Occupation/Business \_\_\_\_\_  
 If horse related, please explain \_\_\_\_\_

8. Name of Horse to be Exhibited \_\_\_\_\_ I.B.H.A. # \_\_\_\_\_  
 Relationship to Owner (if not registered in your name) \_\_\_\_\_

9. Have you exhibited a horse or horses, of any breed, belonging to someone other than yourself, at any time during the past 5 years ( ) Yes ( ) No. If Yes, answer A, B, C below:

A. List Name, Registration Number (if applicable) and Owner of horse or horses referred to above.

Name of Horse \_\_\_\_\_ Registration Number \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

(Attach Additional Pages if Necessary)

B. Were you paid a fee for exhibiting said horse or horses ( ) Yes ( ) No.

C. Were any of your expenses (including but not limited to entry fees and hauling) paid by the owner?  
 ( ) Yes ( ) No.

NOTE: IBHA reserves the right to check all breed registries for verification.

10. Have you accepted remuneration, directly or indirectly, for the training, exhibiting, schooling or driving of horse(s) at any time during the past 5 years (60 months)? ( ) Yes ( ) No  
If yes, explain \_\_\_\_\_
11. Have you instructed another person or conducted a seminar in riding, driving, training or showing a horse at any time in the past 5 years (60 months) for remuneration? ( ) Yes ( ) No  
If yes, explain \_\_\_\_\_
12. Have you shown, trained, or assisted in the training of a horse for which your spouse is accepting any form of remuneration, either directly or indirectly, for training, assisting in the training, or showing of said horse(s)? ( ) Yes ( ) No If yes, fully explain \_\_\_\_\_
13. Are you now or have you ever been approved as a horse show judge by any breed or show association? ( ) Yes ( ) No If yes, list organizations and last year approved: \_\_\_\_\_
14. Have you judged any horse shows, open, 4-H or approved breed show, during the past 5 years? ( ) Yes ( ) No If yes, did you receive any type of compensation (including but not limited to the reimbursement of expenses) for your services? ( ) Yes ( ) No.

**If applicant is amateur in another assoc., list breed & number:** \_\_\_\_\_

### APPLICANT'S STATEMENT OF ELIGIBILITY

In submitting this application for status in the IBHA Amateur Exhibitor Program, I hereby affirm that the information contained herein is true and correct.

I understand that my status in the IBHA Amateur Exhibitor Program and my IBHA Amateur Card are revocable. Should the Association find that, for any reason, I am no longer eligible to compete in IBHA approved amateur classes, I agree to surrender said card to the Association immediately upon request. Failing to do so, I am subject to possible disciplinary action under the general rules of the Association. Furthermore, should I, for any reason, become ineligible to compete as an amateur, I will refrain from exhibiting in the corresponding classes and I agree to voluntarily surrender my IBHA Amateur Card to the Association immediately without request. Failing to do so, I am subject to possible disciplinary action under general rules of the Association.

Date \_\_\_\_\_ Signature of Applicant (in ink) \_\_\_\_\_

## INTERNATIONAL BUCKSKIN HORSE ASSOC., INC.

P.O. Box 268, Shelby, IN 46377

219/552-1013