

CANADIAN CUTTING HORSE ASSOCIATION
APPLICATION FOR NON-PROFESSIONAL CARD

CCHA members consider it a privilege, not a right, to hold Non-Professional status within our Association. Therefore, a Non-Professional 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 bottom 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 been a professional horse trainer in any equine discipline since January 1, 1997? _____

3. Have you ridden, trained or assisted in training horses or horse riders for remuneration, directly or indirectly? _____

4. Do you, or have you ever, worked in any capacity for a horse training operation? _____

If YES, what (or were) your duties?

5. If you answered YES to #2, 3 or 4 above, by whom are (or were) you employed?

6. Have you ever been denied Non-Professional status? _____

7. Do you understand that any infraction, by you, of the rules governing Non-Professional eligibility and/or ownership of horses, could cause disciplinary action by the CCHA Executive Committee?

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 Non-Professional 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 Non-Professional 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 Non-Professional 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).