

Candidate nomination for ASHA Board of Directors

I would like to propose the following individual for consideration by the Nominating Committee as a nominee for election to the ASHA Board of Directors:

Name: _____ Phone Number: _____

Address: _____
_____ Email: _____

Has this individual agreed to serve as a Director if elected? Yes ___ No ___

Has he/she been an ASHA member for at least the last three years? Yes ___ No ___

Is he/she a member of other horse associations? Yes ___ No ___

If yes, list associations: _____

Please check the relevant sections below:

Charter Club Member? Yes ___ No ___ If yes, which club: _____

Charter Club Officer/Director? Yes ___ No ___ Futurity Officer/Director: Yes ___ No ___

Member of ASHA committees? Yes ___ No ___

Participant in the Grand National Program? Yes ___ No ___

Involved with Saddlebred Youth Club? Yes ___ No ___

Member of USEF committees? Yes ___ No ___

Member of Horse Show committees? Yes ___ No ___

Operate/involved in a breeding program? Yes ___ No ___

Operate/involved in a training program? Yes ___ No ___

Operate/involved in a riding lesson program? Yes ___ No ___

USEF licensed judge? Yes ___ No ___ USEF licensed steward? Yes ___ No ___

Saddlebred owner? Yes ___ No ___ Saddlebred breeder? Yes ___ No ___

Saddlebred exhibitor? Yes ___ No ___ Fund raising experience? Yes ___ No ___

Ten or more years' involvement in Saddlebred activities? Yes ___ No ___

High level of expertise in financial, organizational and communication skills? Yes ___ No ___

Experience in innovative programs for Saddlebreds? Yes ___ No ___

The financial ability, availability and desire to attend Board meetings? Yes ___ No ___

(Note: the Board of Directors meets in person at least three times a year. Meetings are normally held in Lexington, Kentucky)

Additional Comments and information: _____

I certify that the above information is correct to the best of my knowledge and I certify that I have spoken with this individual and he/she is willing to be included in the election process for the Board of Directors and is willing to serve as a Director if elected.

Signature: _____

Print name: _____

Phone number: _____

Email address: _____

Please return the completed, signed form to the American Saddlebred Horse Association, Attn. Nominating Committee, 4083 Iron Works Parkway, Lexington, KY 40511 or by fax to (859) 259-1628 or email to k.adams@asha.net. Alternatively, the form can be emailed to one of the members of the Nominating Committee, as follows:

Nelson Green reverie299@aol.com

Betsy Boone boonescabin@aol.com

Dr. Margaret McNeese margaret.c.mcneese@uth.tmc.edu

Suzie Teater steater@iglou.com

Janet Thompson janianfarm@aol.com