



935 Riverside Avenue, Suite #17
Paso Robles, California 93446
Phone (805) 226-7509 / Fax (888) 845-3009
office@pcqha.com / www.pcqha.com

BOARD OF DIRECTOR APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Occupation _____

1. Number of years as a PCQHA member _____ Number of years as an AQHA member _____

2. Please list PCQHA committees on which you have served:

Committee Name:

Year:

3. Please list AQHA committees on which you have served:

Committee Name:

Year:

4. Please list local Quarter Horse Associations or alliance members you are currently a member of:

5. Please list any office you have held in a local Quarter Horse Association or alliance member:

6. Please list any committees on which you have served for a local Quarter Horse Association or alliance member:

Committee Name:

Year:

7. Please describe any volunteer or financial support you have provided to PCQHA in the past 5 years:

8. Please describe any other volunteer or financial support you have provided to local Quarter Horse Associations or alliance members:

9. Please confirm you have reviewed the PCQHA bylaws (download-able at www.pcqha.com) and are familiar with them:

YES NO

10. Please acknowledge that you are committed to attend monthly PCQHA meetings located throughout the state and that you understand that you will be responsible for the expense associated with attending the meetings:

YES NO

11. Please describe any other efforts you have undertaken to support PCQHA:

12. Please describe your participation on any other nonprofit boards of directors:

13. Areas of interest with respect to PCQHA and the American Quarter Horses:

14. If elected Director of PCQHA, what would be your goals in your first term:

15. Additional Comments:

16. Please attach two letters of recommendation from people who are familiar with your activities in support of PCQHA, local Quarter Horse associations or alliance members, other nonprofit associations and the American Quarter Horse.

In applying for consideration as a board member of PCQHA, I confirm that I have reviewed the director mission statement set forth in Article V section 9 of the PCQHA Bylaws and agree to comply with such Mission Statement at all times if I become a director of PCQHA.

Signature of applicant _____ Date _____