



935 Riverside Avenue, Suite #17  
Paso Robles, California 93446  
Phone (805) 835-8817 / Fax (888) 845-3009  
Email: PCQHAoffice@gmail.com Web: 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 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 Quarter Horse Associations you are currently a member of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Committee Name: \_\_\_\_\_

Year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe any other volunteer or financial support you have provided to PCQHA:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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9. Please acknowledge that you are committed to attend monthly PCQHA meetings located throughout the state and that you understand that the expense associated with such attendance will be yours:

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

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11. Please describe your participation on any other board of directors:

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12. Areas of interest with Quarter Horses:

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13. If elected Director of PCQHA, what would be your goals:

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14. Additional Comments:

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_