



Amateur Card Application/Renewal

AMHA Member Number (if applicable): _____ Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

I understand and agree to the following:

1. All Amateurs are responsible for knowing and abiding by the Amateur Division rules (see AM-000 in the current AMHA Official Rule Book). Any person who violates an established amateur rule shall be subject to disciplinary action.
2. Current AMHA Members shall submit ten U.S. dollars (\$10.00) for an Amateur card.
3. Non-Members shall submit fifty U.S. dollars (\$50.00) for an Amateur card.
4. All Amateur cards expire on December 31st and must be renewed each year to continue showing in Amateur classes. (application/renewal forms are also available at your local AMHA show)

Signature: _____

Please forward an Amateur Card for the _____ show season.
(year)

Please read before making your Level Selection:

AM-010-A-5-b-3: Any professional who is applying or reapplying for their Amateur card and has fulfilled those requirements must enter the Amateur program as a Level 2. A "Professional" is defined as someone who has accepted remuneration for showing any horse at halter or in performance competition, training, schooling either horses or other persons or who has conducted seminars, clinics, given instruction in showing, training or judging for remuneration.

AM-010-A-5-c: Any points earned or time acquired by a youth in the 13-18 Youth Division should carry over into the Amateur Division and will affect the determination of his or her Amateur Level 1 or Level 2 status.

Check appropriate level in each division:

HALTER DIVISION: Level One _____ **or** Level Two _____

PERFORMANCE DIVISION: Level One _____ **or** Level Two _____

** (It is possible to be a Level One in one division and a Level Two in the other division)**

___ I am a current AMHA member. Enclosed is my \$10 Amateur Card payment.

___ I am not an AMHA member. Enclosed is my \$50 Amateur Card payment.
+ \$3.00 processing fee per Work Order

___ Credit Card ___ Check Enclosed

Credit Card # _____ Expiration Date: ___/___

Name on Card: _____ Signature: _____

Applicant agrees to abide by all the Rules, Regulations and decisions of the AMHA, its Officers and Directors or its appointees.