

# 2019 AjPHA Individual Director Nomination

AjPHA members may submit this form to nominate themselves for AjPHA National Director. Nominees must be 17 or younger as of January 1, 2019.

Name: \_\_\_\_\_ AjPHA ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (current): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Youth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**My nomination is endorsed by five AjPHA members in good standing which reside in my state/province/country:**

1. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_ AjPHA ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ 5. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_ AjPHA ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Postmark to Director of Youth Activities  
by January 1, 2019.  
American Junior Paint Horse Association  
PO Box 961023 • Fort Worth, TX 76161  
(817) 834-2742 • Fax (817) 834-3152  
ajpha.com/ajpha • cgillett@gmail.com**