

# 2019 AjPHA Regional Club Director Nomination

**APHA and AjPHA Regional Clubs may submit this form to nominate eligible youth for AjPHA National Director. Nominees must be 17 or younger as of January 1, 2019.**

State/Province/Country: \_\_\_\_\_ Club Submitting Nomination: \_\_\_\_\_

Club Advisor: \_\_\_\_\_ Advisor's E-mail: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Signature of Person Submitting Nomination: \_\_\_\_\_

## List nominees from club. Attach additional sheets as necessary.

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

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

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

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

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

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

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

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

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

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

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

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Postmark to Director of Youth Activities  
by January 1, 2019.**

**American Junior Paint Horse Association  
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