



2015 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, 2015.

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 December 1, 2014.**



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