

**AMERICAN PAINT HORSE ASSOCIATION**

P.O. Box 961023  
Fort Worth, Texas 76161  
(817) 222-6416  
elawhorn@apha.com

**APPRENTICE JUDGE APPLICATION**

If you are not a current member of APHA, you need to include your membership fees with this application. APHA membership is \$65.

APHA ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Occupations and Addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Judging History**

I am participating in the Apprentice Judging Program:    Yes    No

I have attended, or plan to attend, the Judges Academy held at CBC:    Yes    No

Date of Judges Academy attendance: \_\_\_\_\_

I have judged approximately \_\_\_\_\_ shows.

List any major shows you have judged: \_\_\_\_\_

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List all recognized equine and horse show associations with which you are currently approved, and the dates of approval:

Association Name	Approval Date	Current Status	Clinic/Seminar	Date & Location

List any seminars you have attended, if not mentioned above:

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List your accomplishments in the horse industry:

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### **Please Read and Sign the Following Statement**

The information contained on this application is true and correct. I understand that I may be removed as an APHA judge or applicant if it is determined that there are any inaccuracies or discrepancies in this application. I further understand that the position of APHA judge is a privilege and not a right, and that my selection as an approved APHA judge is at the sole discretion of the APHA Judges Committee.

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