

INSTRUCTIONS FOR APPLYING FOR CHARTER AS AN AMERICAN PAINT HORSE ASSOCIATION REGIONAL CLUB

Thank you for your request for information regarding the formation of an APHA regional club in your area.

The following are guidelines for formation of a regional club. Article VII of the APHA Rule Book governs Regional Clubs.

After you have held your organizational meeting and otherwise fulfilled the requirements for affiliation, i.e., obtained the required number of club and APHA members, etc., you will need to submit the application for regional club affiliation to the Association. Be sure to enclose the following:

1. Organizational meeting minutes;
2. Constitution (By-laws);
3. Maps with proposed club boundaries (for U.S. applications only);
 - A. Outline club boundaries on map;
 - B. Shade in area to be encompassed by your club;
 - C. Submit list of counties, or partial counties included in your area;
4. List of members (include name, address, and phone number);
5. List of officers.

If your club plans to incorporate, please contact your secretary of state.

To file for your non-profit agricultural organization status with the Internal Revenue Service, ask for a federal ID# under Section 501.C.5. to the IRS.

Once you have submitted the above referenced materials and application, the office will write to adjacent regional clubs, if any, to obtain their opinion of the formation of the proposed club. When all requirements are met, copies of the material submitted will be forwarded to the Board of Directors for consideration at their next regularly scheduled meeting. You will be promptly notified of their decision.

Please feel free to contact Allyson Pennington, Staff Liaison, Regional Club Advisory Committee, for additional assistance at allysonp@apha.com or 817-222-6410.

**AMERICAN PAINT HORSE ASSOCIATION
REGIONAL CLUB CHARTER APPLICATION**

Proposed name of club: _____
(Must include name of state or other geographic location in which club is located)

Complete business address: _____

Acting chairperson *(or officer in charge)*: _____

Address: _____

Phone: _____ Fax: _____ ID # _____

Proposed boundaries *(Include county names if applicable)*: _____

(Attach map with boundaries & counties identified)

Reason(s) and/or need for formation of an additional club in this area (other than to promote Paint Horses): _____

Do your proposed boundaries overlap an existing regional club? Yes: _____ No: _____

If Yes, List number of clubs, distances, geographical barriers, etc.: _____

How many regional clubs surround your proposed boundaries? _____

How many of your members are involved in other regional club activities? _____

Have you notified surrounding regional clubs of your intent to form a new club? Yes: _____ No: _____

List areas in which your club plans to promote the Paint Horse: _____ APHA Approved Shows _____ Trail Rides
_____ Paint-O-Ramas _____ Social Activities _____ Open Shows _____ Other

Is there a facility available within your proposed boundaries to hold your horse shows? Yes: _____ No: _____

Are APHA approved horse shows currently being held within your proposed boundaries? Yes: _____ No: _____

Does your group plan on holding any shows outside its proposed boundaries? Yes: _____ No: _____

LIST OF OFFICERS

NAME OF APPLICANT CLUB: _____

President: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

Vice President: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

Secretary: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

Treasurer: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

OTHER OFFICERS:

Title: _____ Name: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

Title: _____ Name: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

Title: _____ Name: _____ APHA ID #: _____

AC/Phone: _____ Fax: _____ E-Mail: _____

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

MEMBERSHIP LIST

(Minimum requirement--Have and maintain 20 members, 10 of whom are APHA members.)

NAME

ADDRESS

APHA ID #

1. _____

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