

STEWARD'S APPLICATION

Complete and return to: ASPC/AMHR

81 – B East Queenwood

Morton IL 61550

Telephone: (309) 263-4044 Fax: (309) 263-5113

Please type or print legibly:			
Name of Applicant			
Date of BirthPlace of Birth			
Address			
City/StateZip			
Home Phone ()Work Phone ()			
Email Address			
Are you a current ASPC/AMHR Member: YES NO			
Membership #			

FEES: ANNUAL MEMBERSHIP \$90.00

APPROVED

- 1. In what capacity are you employed?
- 2. Do you currently own/lease one or more Registered Shetlands?
- 3. Do you currently own/lease one or more Registered Miniature Horses?
- 4. Do you work, or have you ever worked for an equine establishment? If yes, describe your duties and length of service.
- 5. Do you maintain a public equine training establishment? If yes, state location and time in operation.

STA	ATEMENT OF GENERAL EX	XPERIENCE		
List experiences as an owner, trafor:	ainer, breeder, instructor, rider of	or driver for each breed division	applied	
LIST PREVIOUS EXPERIEN	NCE IN MEASURING ANY I	EQUINE AND LIST DATES:		
	REFERENCES			
		d/observed, and any other persons who ailed to any person whose address is no		
Note: It is to your ad	_	ny references as possible fi	rom	
licensed Judges and ASPC/AMHR Committee members of the requested breed divisions. Attach reference letters to this form.				
Name Telephone	Address	<u>Zip</u>		
This application constitutes an agreement of ASPC/AMHR, shall accept as final the dec		shall be bound by the constitution and the association and any question arising.	rules of the	
	ith any action taken with respect to this ap	nd member of any committee of the Associ oplication. The construction and application is of the State of Illinois.		

Signature Date