



2021 NOMINATION FOR ASHA BOARD OF DIRECTORS

I would like to propose the following individual for consideration by the Nominating Committee for Directors as a nominee for election to the ASHA Board of Directors:

1. INFORMATION

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

ASHA Membership #: _____ Charter Club: _____

Has the individual agreed to serve as a director if elected? Yes No

Has he/she been an ASHA member for at least the last three years? Yes No

Is he/she a member of other horse organizations? USEF UPHA AHHS ARHPA

Other(s) _____

2. CHECK THE RELEVANT SECTIONS

Charter Club Member? Yes No If yes, which one _____

Charter Club Officer/Director? Yes No If yes, which position _____

Prize Program Officer/Director? Yes No If yes, which position _____

Member of ASHA Committee(s)? Yes No If yes, which one(s) _____

Involved with ASHA Youth Clubs? Yes No If yes, which one(s) _____

Member of USEF Committee(s)? Yes No If yes, which one(s) _____

Member of Show Committee(s)? Yes No If yes, which one(s) _____

Operate/Involved in Breeding Program? Yes No American Saddlebred Owner? Yes No

Operate/Involved in Training Program? Yes No American Saddlebred Breeder? Yes No

Operate/Involved in Lesson Program? Yes No American Saddlebred Exhibitor? Yes No

USEF Licensed Official? Yes No Fundraising Experience? Yes No

Participant in Prize Programs? Yes No 10+ Years Involvement in Industry? Yes No

3. ADDITIONAL INFORMATION

Please describe your involvement in the American Saddlebred industry, including any volunteer roles: _____

4. ADDITIONAL INFORMATION (CONTINUED)

High level of expertise in financial skills? Yes No If yes, please explain _____

High level of expertise in organizational skills? Yes No If yes, please explain _____

High level of expertise in communications? Yes No If yes, please explain _____

Ability to attend board meetings, including at least three in-person meetings? Yes No

Professional background/education: _____

Specific areas of interest, if elected to the board: _____

Vision for ASHA and the industry: _____

Additional comments and information: _____

I certify that the above information is correct to the best of knowledge and I certify that I have spoken with this individual and he/she is willing to be included in the nominating process for the Board of Directors and is willing to serve as a Director if elected.

Signature: _____ Printed Name: _____

Phone Number: _____ Email Address: _____

**PLEASE EMAIL, FAX OR MAIL YOUR COMPLETED NOMINATION FORM TO ASHA:
ATTN: NOMINATING COMMITTEE
4083 IRON WORKS PARKWAY : LEXINGTON, KY 40511
FAX 859-259-1628 : NOMINATIONS@ASHA.NET**

OR CALL THE EXECUTIVE DIRECTOR AT 859-259-3888 TO SUBMITT YOUR NOMINATION OVER THE TELEPHONE