



# 2021 ASHA COMMITTEE APPLICATION

ASHA depends on the support of the Saddlebred community to fulfill our mission. Please complete this application if you are interested in serving on an ASHA committee. Please note that committee members must be ASHA members for at least 1 year prior to serving on a committee.

## 1. INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ASHA Membership #: \_\_\_\_\_ Charter Club: \_\_\_\_\_

## 2. PLEASE CHECK ALL THAT APPLY

- |                                  |                                       |                                  |                                      |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Amateur | <input type="checkbox"/> Professional | <input type="checkbox"/> Breeder | <input type="checkbox"/> Owner       |
| <input type="checkbox"/> 18-25   | <input type="checkbox"/> 26-39        | <input type="checkbox"/> 40-55   | <input type="checkbox"/> 56 and over |

## 3. ADDITIONAL INFORMATION

Why do you want to volunteer for ASHA? \_\_\_\_\_

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What skills and strengths do you feel you have to contribute to ASHA? \_\_\_\_\_

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What areas would most like to volunteer for at ASHA? \_\_\_\_\_

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_