



P. O. Box 61  
Shelbyville, Tennessee 37162  
(931) 684-5866  
Fax: (931) 684-5895

## Walking Horse Trainers Association Membership Application

**IMPORTANT NOTE:** You must hold a trainer's license if you are not eligible to hold an amateur or juvenile card. **\*\*A COLOR copy of your driver's license or a COLOR picture ID (NO BLACK /WHITE photos please) needs to accompany application (renewals included).**

### CATEGORIES OF LICENSE – MEMBERSHIP

Halter License - A person that shows at halter any horse for which he/she accepts remuneration for training weanlings and/or yearlings for a person outside of his/her immediate family. **NOTE: A halter license holder may also show amateur in riding classes.**

A rating - Must receive less than 50% of income from training Tennessee Walking Horses.

AA rating - Must receive at least 50% or more income from training Tennessee Walking Horses.

AAA rating – Must receive 100% of income from training Tennessee Walking Horses.

Associate rating – Must NOT receive any income from training Tennessee Walking Horses.

**NOTE:** The AAA license holder is the ONLY voting license holder. He has voting rights to all elections, provided dues are paid by March 15.

**FEES:** Initial fee is \$250 with application and photo. Renewal by March 15<sup>th</sup> for \$100, after March 15, \$250 and a new application (renewals included) required.

ALL LICENSE/MEMBERSHIP holders are eligible to attend membership meetings.

Choose **ONLY** one Category

\_\_\_\_\_Halter      \_\_\_\_\_A      \_\_\_\_\_AA      \_\_\_\_\_AAA      \_\_\_\_\_Associate

Check one    \_\_\_\_\_New Applicant    \_\_\_\_\_Renewal    \_\_\_\_\_Held a Membership before

**PLEASE PRINT – ALL INFORMATION MUST BE COMPLETED BEFORE  
APPLICATION WILL BE CONSIDERED:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_ Residence Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_ Social Security # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you self employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, employed by \_\_\_\_\_

Number of Horses You Own \_\_\_\_\_

Number of Horses You Are Training For Others \_\_\_\_\_

Are You Actively Engaged In Training Horses Now? \_\_\_\_\_ Yes \_\_\_\_\_ No

What Percent of Your Income Do You Receive From Training Horses?  
\_\_\_\_\_ 100% \_\_\_\_\_ 50% or More \_\_\_\_\_ Less Than 50%

**REFERENCES REQUIRED:**

For AAA Licensing – References Must Be Members of the WHTA.

A and AA- May Be Anyone for References Except Family Members.

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the Horse Protection Act, and I agree to be bound by the Trainers Association's rules of Ethics and the procedures attendant thereto.

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

Approved \_\_\_\_\_ date: \_\_\_\_\_  
Disapproved \_\_\_\_\_