

# American Tobiano Overo Association (ATOA)



## Youth Membership Application

**Eligibility:** Youth Membership is open to individuals ages **8–18** who have an interest in horses, horsemanship, and the Paint Horse industry.

## Youth Member Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
  
- City, State, ZIP: \_\_\_\_\_
- Phone Number (if applicable): \_\_\_\_\_
- Email Address (if applicable): \_\_\_\_\_

## Parent / Legal Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Youth: \_\_\_\_\_
- Mailing Address (if different): \_\_\_\_\_
  
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## ATOA Membership Selection

### ☐ Youth Membership (Ages 8–18)

*(Youth membership benefits may include eligibility for youth awards, education programs, ambassador opportunities, and special events.)*

- **Membership Year:** ☐ Current Year ☐ Multi-Year
- **Membership Fee:** \$ \$15.00 a year

## Horse & Equine Involvement (Optional)

- **Horse(s) Name(s):** \_\_\_\_\_
- **Breed/Color Pattern:** \_\_\_\_\_
- **Primary Discipline(s):**

☐ Show ☐ Ranch / Cowboy ☐ Performance ☐ Speed Events ☐ 4-H ☐ Pleasure ☐ Other:

\_\_\_\_\_

## Youth Interests (Check all that apply)

- ☐ Horsemanship & Horse Care
- ☐ Showing & Competition
- ☐ Ranch & Cowboy Events
- ☐ Leadership & Public Speaking
- ☐ Youth Ambassador Program
- ☐ Community Service
- ☐ Scholarships & Awards

☐ Online Education & Learning Resources

## Code of Conduct Agreement

Youth members are expected to:

- Demonstrate good sportsmanship and respectful behavior
- Represent ATOA positively at all events and online
- Follow ATOA rules, policies, and youth guidelines

☐ I understand and agree to follow the ATOA Youth Code of Conduct.

## Photo & Media Release

I grant permission for the American Tobiano Overo Association (ATOA) to use photographs, videos, and related media of the youth member for educational, promotional, and marketing purposes.

- **Parent/Guardian Initials:** \_\_\_\_\_

## Parent / Guardian Authorization

I authorize the above-named youth to become a member of the American Tobiano Overo Association. I understand that ATOA is not responsible for accidents, injuries, or losses incurred during participation in activities.

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

## Submission Information

Please submit this completed application to:

**American Tobiano Overo Association (ATOA)**

Email: [ATOAPaints@gmail.com](mailto:ATOAPaints@gmail.com)

Address: 789 W M-113, Kingsley, Mi 49649

Phone: 231-620-4042

Please make checks to: ATOA

*Youth memberships are subject to approval and must be renewed annually unless otherwise stated.*