American Tobiano Overo Association (ATOA)

ATOA Professional Partners Program

Membership Application

Building Relationships • Promoting Professionals • Supporting the Paint Horse Industry

Applicant Information

Full Name: _____

Business Name: _____

ATOA Membership Number (if applicable): _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____

Email _____

Website _____

Facebook _____

Instagram _____

Professional Category

(Check all that apply)

☐ Horse Trainer

☐ Riding Instructor

☐ Breeder

☐ Stallion Owner

☐ Judge

☐ Clinician

☐ Veterinarian

☐ Veterinary Technician

☐ Farrier

☐ Equine Dentist

☐ Equine Chiropractor

☐ Equine Massage Therapist

☐ Show Manager

☐ Show Secretary

☐ Other _____

Professional Experience

Years in the Equine Industry

☐ Under 2 Years

☐ 2–5 Years

☐ 6–10 Years

☐ 11–20 Years

☐ Over 20 Years

Primary Disciplines

☐ Halter

☐ Ranch

☐ Western Pleasure

☐ Trail

☐ Hunter Under Saddle

☐ English

☐ Reining

☐ Barrel Racing

☐ Pole Bending

☐ Cutting

☐ Team Roping

☐ Breakaway Roping

☐ Goat Tying

☐ Working Cow Horse

☐ Dressage

☐ Jumping

☐ Driving

☐ All Around

☐ Other _____

About Your Business

Please tell us about your business and professional experience.

Services Offered

(Check all that apply)

☐ Training

☐ Lessons

☐ Boarding

☐ Clinics

☐ Horse Sales

☐ Breeding

☐ Stallion Services

☐ Judging

☐ Farrier

☐ Veterinary Services

☐ Chiropractic

☐ Massage Therapy

☐ Other _____

Community Involvement

How are you involved in the horse industry?

☐ Youth Programs

☐ 4-H

☐ FFA

☐ Open Horse Shows

☐ Breed Associations

☐ Clinics

☐ Volunteer

☐ Horse Rescue

☐ Educational Programs

☐ Other _____

Please explain:

References

Reference #1

Name _____

Phone _____

Email _____

Relationship _____

Reference #2

Name _____

Phone _____

Email _____

Relationship _____

Professional Directory

Would you like your business listed in the ATOA Professional Partners Directory?

☐ Yes

☐ No

May ATOA promote your business through social media, newsletters, and our website?

☐ Yes

☐ No

Membership Fee

Annual Professional Partners Membership: $25.00

Payment Method

☐ Check

☐ Money Order

☐ Credit Card

☐ Online Payment

Amount Enclosed _____

Agreement

By signing below, I certify that:

☐ All information provided is accurate.

☐ I agree to uphold the ATOA Professional Partners Code of Ethics.

☐ I will conduct myself professionally and ethically.

☐ I will promote humane horsemanship and responsible horse ownership.

☐ I understand that ATOA reserves the right to approve or deny any application.

☐ I understand that membership must be renewed annually.

Applicant Signature

Printed Name

Date

Return Completed Application To

American Tobiano Overo Association (ATOA)

Email: ATOApaints@gmail.com

Website: ATOApaints.com

Office Use Only

Date Received _____

Payment Received

☐ Yes

☐ No

ATOA Membership Verified

☐ Yes

☐ No

Application Status

☐ Approved

☐ Pending

☐ Denied

Reviewer _____

Approval Date _____

Notes