



NATIONAL WALKING HORSE ASSOCIATION BOARD OF DIRECTORS/OFFICER APPLICATION

____ I am applying for a Board of Director Position.

____ I am applying for an Officer Position

____ I am from the following region (circle one): Northeast Southeast Central Western

____ I am applying for the following officer position (circle one):

President Vice-President Secretary Treasurer

Name: _____ NWA # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please answer these questions:

1. How long have you been a member of NWA? _____

2. What contributions (other than monetary) have you made to NWA (include any committees of which you were a member)?

3. Why do you want to be a director/officer?

4. What characteristics/talents/ knowledge/experience do you possess that will help NWA reach its mission?

5. Please list any other organizations, equine or otherwise, of which you are a member

6. Please list three (3) other NWHHA members we can contact as references:

#1 Name: _____ Phone: _____ Email: _____

#2: Name: _____ Phone: _____ Email: _____

#3: Name: _____ Phone: _____ Email: _____

- I understand that the commitment of a Board member is extremely important and by signing this application, I agree to abide by these guidelines:
- I agree to uphold NWHHA's Mission and Bylaws at all times.
- I agree to follow the direction of the NWHHA Board even though I don't always personally agree with the Board's final decision.
- I agree to attend and participate with monthly Board calls, annual retreat, and other duties as assigned.
- I understand that my commitment includes having a readily available and operable phone and email account and therefore, I agree to regularly participate in Board Meetings by phone and email or other media as applicable.
- I agree to listen, reason and maintain an open mind to all opinions and comments.

Applicant's Signature

Date

Please return completed application by October 15 to:

National Walking Horse Association
via email to: office@nwaha.com
with subject line: BOD application.

NWHHA SOP #
ADM002 Rev Sept 22