



# 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)?

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

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

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

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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: \_\_\_\_\_

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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 pay for the expenses incurred with the monthly Board calls, annual retreat, and liability insurance.
- 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.
- I agree to listen, reason and maintain an open mind to all opinions and comments.

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Applicant's Signature

Date

**Applications must be received in the office by October 15.**

**Return completed application to:**

National Walking Horse Association  
Attn: NWHHA Nominating Committee  
P.O. Box 7111  
Jacksonville, NC 28540  
[office@nwha.com](mailto:office@nwha.com) (859) 252-6942