



NWA TRAINER APPLICATION

Membership is required for listing in the NWA Trainer Directory

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Farm/Stable/Training Business Name: _____

Please answer these questions:

- 1) How long have you been an NWA member? _____
- 2) Do you currently hold an NWA membership? _____
- 3) Are you over 25 years of age? (circle one) YES NO
- 4) Have you ever had an HPA or NWA Rule Violation? _____ If so, when and for what infraction? _____
- 5) How long have you been training horses? _____
- 6) Do you have any specialties you would be willing to share for clinics, etc.? _____
If so, what are they? _____
- 7) Do you have any special certifications or training you have achieved? _____ If so, what are they? _____

Please list three references (two must be from persons experienced in the Walking Horse industry such as trainers, judges, DQP's owners, etc. and one reference must be able to attest to character and can be from inside or outside the industry):

| Name | Phone | Email |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

I hereby affirm my commitment to the mission, vision and values of NWA. I further condemn any and all soring practices, abusive treatment of animals, unethical practices, and unprofessional conduct. I further agree to abide by NWA rules and follow the direction of the NWA Board of Directors.

Trainer's Signature

Date

(Revised 2021 kao)