



## 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: \_\_\_\_\_

- 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  
PO BOX 70106 Milwaukee, WI 53207

Or send via email to:  
[office@nwaha.com](mailto:office@nwaha.com) with subject line:  
BOD application.

NWHHA SOP #  
ADM002 Rev Sept 22