

## **2021 AQHYA World Championship Show CHANGE OF AFFILIATION**

The AQHYA World Championship Show Change of Affiliation replaces the former hardship application. It allows AQHYA members to change the affiliate they represent at the Youth World Show.

This form must be completed fully and must include all required signatures. <u>Incomplete forms may not allow for a member's change of affiliation.</u>

Forms must be submitted via email to <u>youth@aqha.org</u> by MAY 15, 2021. It is the member's responsibility to ensure completed form is received by AQHA by the deadline.

## **APPLICANT INFORMATION:**

Applicant's Name:	AQHYA I.D. #:	
Address:		
	_State:Zip:	
Phone Number:	Email:	
Parent/ Guardian's Name:		
Phone Number:	Email:	
AFFILIATE INFORMATION:		
My affiliate of residence is:		
I request an AQHYA World Show Change of Affiliation to the following AQHYA affiliate:		

## **SIGNATURES:**

## 1. Applicant

I hereby certify that I am a current member of the American Quarter Horse Youth Association and all information supplied on this form is true and correct. I understand that by applying, I will be considered for approval to represent an affiliate other than my affiliate of residence during the AQHYA World Championship Show and upon approval must comply with the qualifying guidelines of that affiliate and may not stall with or represent my affiliate of residence. This does not apply to team penning or ranch sorting. I also understand I must apply each year for a change of affiliation

of affiliation.	
Youth Member's Signature	Date
2. Parent/Guardian I do hereby consent for my minor son/daughter to ap representation during the AQHYA World Champ approval by AQHYA, I understand that my son guidelines of that affiliate and may not stall with or not apply to team penning or ranch sorting. I also year for approval.	ionship Show, and in so applying and upor daughter must comply with the qualifying represent our affiliate of residence. This does
Parent or Guardian's Signature	Date
3. Youth Adviser of Residency Affiliate I hereby certify that I am the current AQHYA affiliat for the state/province of residence of the above named youth. I am aware and has applied to change state/provincial affiliation for	have informed my membership that this youth
Youth Advisor of RESIDENCY Affiliate Signature	Date
4. Youth Adviser of Requested Affiliate I hereby certify that I am the current AQHYA affiliate for the state/province of for the above named youth. I am aware and have seeking approval to represent this affiliate during to agrees to conform to affiliate qualifying guideline meets with the approval of the youth membership penning or ranch sorting.	, which is the affiliate requested informed my membership that this youth is the AQHYA World Championship Show and s. Further, I also certify that this application
Youth Advisor of REOUESTED Affiliate Signature	e Date

AQHA, Attn: Youth Department, P.O. Box 200, Amarillo, TX 79168 Phone: 806-376-4811 Fax: 806-349-6409 E-mail: youth@aqha.org