

AMERICAN SOCIETY OF EQUINE APPRAISERS
P.O. Box 186
Twin Falls, Idaho 83303
Toll Free: 1-800-704-7020 • **Phone:** (208) 733-2323
Fax: (208) 733-2326 • **E-Mail:** equine@equineappraiser.com

MEMBERSHIP APPLICATION

Please write plainly or print.

This application becomes a permanent record if you are accepted as a member.

Equal Opportunity Policy: It is the policy of the American Society of Equine Appraisers to recruit qualified personnel without discrimination because of Race, Color, Religion, Age, Sex, National Origin, or Handicapped condition and to give no preferential treatment to any applicant.

Name: (Last) _____ (First) _____ (Middle) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Business Phone: () _____ Fax Number: () _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you have a valid driver's license?

Yes No

Number: _____ State: _____

Date of Birth (mm/dd/yyyy): _____

Expiration Date (year): _____

Do you have any relatives associated with this society?

Yes No

If yes, please explain.

STATEMENT OF HEALTH

Do you have any physical condition which may limit your ability to perform an appraisal?

- Yes
- No

If yes, please explain.

PERSONAL

Have you ever been expelled from or given an official reprimand by a professional organization or been convicted of a felony related to business practices or ethics?

- Yes
- No

If yes, please elaborate. *(Enclose a separate statement if necessary.)*

Have you ever been convicted of a felony?

- Yes
- No

If yes, please elaborate. *(If you have been convicted of a felony, the nature of the felony and the length of time since conviction will be important considerations. If you have been convicted of a felony, you will not be automatically disqualified, and you will be given the opportunity to explain any convictions that may adversely affect membership.)*

List professional organizations, special interests, or hobbies.

EDUCATIONAL DATA

School Attended	Name	City	State	Last Grade Completed (circle one)	Major	Degree
High School				9 10 11 12		
Community College				1 2		
College or University				1 2 3 4 5 6 7 8		
Trade School/ Apprenticeship				1 2 3 4		

EMPLOYMENT RECORD

List employment for the last 10 years, beginning with last or present job.

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervisor:	
Dates Employed:	Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Reason for Leaving:	

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervisor:	
Dates Employed:	Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Reason for Leaving:	

EMPLOYMENT RECORD *(continued)*

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervisor:	
Dates Employed:	Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Reason for Leaving:	

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervisor:	
Dates Employed:	Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Reason for Leaving:	

IF YOUR EQUINE EXPERIENCE IS NOT SHOWN IN YOUR EMPLOYMENT RECORD, PLEASE INCLUDE A BRIEF EXPLANATION OF YOUR EXPERIENCE WITH HORSES.
 (Use a separate piece of paper if necessary.)

PERSONAL REFERENCES

Give four references (*not relatives*) who can vouch for your ethics, credibility and competence. It is important to type or print clearly and be sure to include complete contact information (*including zip code and fax number if available*).

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

PLEASE LIST THE HORSE BREEDS THAT YOU HAVE ACTUAL EXPERIENCE WITH, NOT JUST A KNOWLEDGE OF:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

LIST THE DISCIPLINES THAT YOU HAVE ACTUALLY PARTICIPATED IN (i.e. Western Pleasure, Barrel Racing, Eventing, Dressage, etc.).

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

PLEASE READ BEFORE SIGNING.

If you have any questions regarding the following statement, please ask them of a society representative before signing. I authorize my previous employers, (please contact the Association Headquarters if you do not want to have your current employer contacted.) schools or persons named as references to give any information regarding my employment or educational record. I agree that my previous employers shall not be held liable in any respect if a membership is not tendered, is withdrawn or my membership is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. (In the event my membership with the American Society of Equine Appraisers is accepted, I will comply with all of the rules and regulations as set forth in this, or other communications distributed to all members.)

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement, that I understand the same; and that I agree to abide by all codes, regulations and requirements, of the American Society of Equine Appraisers.

Signature _____ **Date** _____

MEMBERSHIP FEE SCHEDULE

American Society of Equine Appraisers:

\$395.00 Total Fee





Note: In all cases, if your application for membership is denied, your fee will be completely refunded.

Annual dues are \$100.00 per member (becomes due 12 months after certification). If you have any questions regarding the above membership fees, please call the Association office Toll Free at 1-800-704-7020.

Membership fees for the American Society of Equine Appraisers are deductible as ordinary and necessary business expenses. SEC 6113 IRS. CODE

Please return this portion with your payment:

My check or money order is enclosed

Please charge \$ _____ to my    

Name On Card _____

Card # _____

3 Digit CSC Code (Located on the back of card*): _____

**For American Express, use the four digits on front of your card.*

Exp. Date _____

Daytime Phone _____