



Walking Horse Trainers' Association, Inc.
P. O. Box 61
Shelbyville, Tennessee 37162
(931) 684-5866
Fax: (931) 684-5895

Walking Horse Trainers Association Membership Application

You must hold a trainer's license if you are not eligible to hold an amateur or juvenile card. A copy of your driver's license or a picture ID needs to accompany application (even on renewals).

CATEGORIES OF LICENSE - MEMBERSHIP

Halter License - A person that shows at halter any horse for which he/she accepts remuneration for training weanlings and/or yearlings for a person outside of his/her immediate family. **NOTE: A halter license holder may also show amateur in riding classes.**

A - Must receive less than 50% of income from training Tennessee Walking

AA - Must receive at least 50% or more income from training Tennessee Walking Horses.

AAA - Must receive 100% of income from training Tennessee Walking Horses.

NOTE: The AAA license holder is the only voting license holder. He has voting rights to all elections and is eligible for election as a board member, Provided dues are paid by March 15.

Fees: Initial fee is \$250 with application. Renewal by March 15th for \$100, after March 15, \$250 and new application required.

All license holders eligible to attend membership meetings

Choose Only One Category: A ___ AA ___ AAA ___ Halter ___

***New Applicant _____ Renewal _____

Please Print:

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Business Phone () _____ Residence Phone () _____
Cell Phone () _____ Social Security _____
E-Mail Address _____

Are you self employed? _____ Yes _____ No

If No, employed by _____

Number of Horses You Own _____

Number of Horses You Are Training For Others _____

Are You Actively Engaged In Training Horses Now? _____ Yes _____ No

What Percent Of Your Income Do You Receive From Training Horses?
_____ 100% _____ 50% Or More _____ Less Than 50%

****References Required:

**For AAA Licensing-References Must Be Members of the WHTA.
A and AA May Be Anyone for References Except Family Members.**

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I have read and understand the Horse Protection Act, and I agree to be bound by the Trainers Association's rules of Ethics and the procedures attendant thereto.

Signature: _____ Date: _____