



THE AMERICAN MINIATURE HORSE ASSOCIATION, INC.  
5601 S Interstate 35 W • Alvarado, Texas 76009  
(817) 783-5600 • FAX (817) 783-6403  
<http://www.amha.org>

## AMHA SHOW STEWARD APPLICATION

(PLEASE COMPLETE FORM ENTIRELY - TYPE OR PRINT NEATLY WITH A PEN) REVISED 2023

Date:

Name:

Address:

City:

State/Province:

Zip:

Country:

Home Phone:

Business #:

Cell #:

E-mail address:

Occupation:

AMHA Member #:

Certified Measurer: Y N

Location of the AMHA approved Measuring Clinic you attended:

Date attended:

Indicate the number of AMHA shows you have served as the Official Measurer in the past three (3) years:

By signing this application, I agree to abide by the rules and regulations established by AMHA. Further, I understand I am a representative of AMHA and will make every effort to represent AMHA in a positive professional manner. I will review all sections of the AMHA Rulebook pertaining to LOC and Show Rules and work to see that such rules are observed and followed at all AMHA shows I am involved with.

I understand there is an initial Steward fee of \$25.00 and a similar fee for renewing each year.

I recognize I must complete and pass a written Steward test to be considered for approval.

I am providing the information for three references. Please see page 2.

I have read and understand the duties of an AMHA Steward. I will make every effort to fulfill those duties to the best of my ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## References:

The LOC Committee requires Show Steward applicants to provide three (3) references who know the applicant and have observed his/her work at shows. These references may be show managers, other show officials, or exhibitors. Members of the Licensed Officials Committee may not be used as references.

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Show Mgr: \_\_\_\_\_ Other Show Official: \_\_\_\_\_ Exhibitor: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Show Mgr: \_\_\_\_\_ Other Show Official: \_\_\_\_\_ Exhibitor: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Show Mgr: \_\_\_\_\_ Other Show Official: \_\_\_\_\_ Exhibitor: \_\_\_\_\_