

PONY OF THE AMERICAS CLUB INC.

JUDGE APPLICATION

Thank you for your interest in the POAC. Please complete this application and return it with complete fees. Once received, we will set up a file and contact your references that you have listed below. Upon receipt of this application you will receive an open book test. Please complete this test and return to the POAC as soon as possible. When all requirements have been met, your name will be submitted to the Executive Secretary and the POA Judges Committee Chairperson for evaluation. If approved, you will receive your POA Judges Card and your name will be added to the list of POA Approved Judges that is maintained in the POA Office, annually published in POA Magazine, and on the POA National Website www.POAC.org. In order to remain current, you must renew your membership annually by December 31st. You may be required to apply as a new Judge and re-complete the application process if you fail to renew by the expiration deadline.

Full Name: _____ Date of Birth: _____
Complete Address: _____

Phone (Home): _____ Phone (Cell): _____
Phone (Work): _____ E-Mail: _____
Occupation: _____ Employer: _____

Check Associations that you currently hold an Approved Judges Card:

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> AQHA | <input type="checkbox"/> NSBA |
| <input type="checkbox"/> APHA | <input type="checkbox"/> AHSA |
| <input type="checkbox"/> ApHC | <input type="checkbox"/> AMHA |
| <input type="checkbox"/> IBHA | <input type="checkbox"/> PHBA |
| <input type="checkbox"/> PtHA | <input type="checkbox"/> Other: _____ |

Check All of the Following Classes That You Have Judging Experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Halter | <input type="checkbox"/> Reining | <input type="checkbox"/> Western Pleasure |
| <input type="checkbox"/> Stock Seat Equitation | <input type="checkbox"/> Indian/Open Costume | <input type="checkbox"/> Western Riding |
| <input type="checkbox"/> Color Halter Class | <input type="checkbox"/> Longe Line | <input type="checkbox"/> Trail |
| <input type="checkbox"/> English Equitation | <input type="checkbox"/> Hunter Under Saddle | <input type="checkbox"/> Other: _____ |

What experiences have you had with POAC: _____

List all major shows/events you have judged: _____

Number of shows judged over the past three years: _____

List all Equine Associations you have been a member/officer/committee representative of: _____

Personal References: (Please give complete names and addresses)

Name: _____
 Address: _____
 Day Phone: _____ E-Mail: _____

Name: _____
 Address: _____
 Day Phone: _____ E-Mail: _____

Show Management References:

Name: _____
 Address: _____
 Day Phone: _____ E-Mail: _____

Name: _____
 Address: _____
 Day Phone: _____ E-Mail: _____

Attendance at a POAC approved judges clinic is required before finalizing you're approval as a POA carded judge. Please check the clinic that you have attended.

Date attended: _____
 _____ Equine Extension of IL, OH, MI, KY and IN
 _____ Wisconsin Judges Seminar by WI Horse Council
 _____ Utah Judges Seminar by U of Utah Extension
 _____ North Carolina Judges Seminar by NCSU Extension
 _____ Idaho Judges Seminar by U of ID
 _____ Color Breed Council Judges Seminar in OK City
 _____ Iowa Judges Seminar by Iowa State University
 _____ Other: _____

The designation of being a POAC Approved Judge is a privilege. Qualifications that the POAC is searching for include equine expertise, personal character and an interest in the POA breed. All applicants will be appraised on these qualifications. Professional conduct is expected at all times. Status as an approved POA Judge may be revoked by the POAC at any time without a formal hearing. As a courtesy, the POAC may grant a 60-day notice if possible. No privilege of appeal shall be available. A rejected applicant may re-apply one year after date of rejection. An additional fee is required for this application.

The information on this application is accurate and true to the best of my knowledge. I fully understand any inaccuracies or discrepancies will be considered unfavorable in my application. Furthermore, I understand that the designated authorities of POAC have the right to accept or deny this application, as well as the right to withdraw my name from the list of approved POAC judges at any time. I will not challenge POAC acceptance or rejection of my application or its removal of me as a POAC judge. I agree to abide by the above rules in consideration for the addition of my name to the POAC Approved Judges List and I hereby agree to abide by the rules and regulations of the POAC Inc. as a member of this organization.

 Signature of Applicant

 Date

Current membership is required to be an approved POA Judge

Please mark one and enclose fee with this application:

- Membership Only \$45 (non-voting)
- Membership and Magazine \$60 (voting privileges, 3 newsletters and one Dec. Mag.)

Return Application and Direct Questions To:
 POAC – 3828 S. Emerson Avenue – Indianapolis IN 46203 - 317-788-0107 - 317-788-8974 (fax)