



# APPLICANT AFFILIATE QUESTIONNAIRE

This New Affiliate Questionnaire must accompany your membership application form along with a copy of your Constitution and Certificate of Incorporation.

DETAILS OF APPLICANT	
Name:	_____
Postal Address:	_____
In what town will your events be held:	_____
Are you an existing club: Yes / no	Who are you currently Affiliated through:
Will you cancel your Affiliation with them? If yes why?	

FINANCIAL & MANAGEMENT INFORMATION	
There are certain financial needs to be met in the initial setup eg: Insurance and Affiliation Fees, can your Affiliate accommodate this requirements? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Please provide a copy of your 12 month financial analysis and budget:	Attached: Yes <input type="checkbox"/> /No <input type="checkbox"/>
If you are an existing Club, please provide a copy of your most recent Profit & Loss statement:	Attached: Yes <input type="checkbox"/> /No <input type="checkbox"/>
Please provide a copy of your Constitution:	Attached: Yes <input type="checkbox"/> /No <input type="checkbox"/>
Please provide a copy of your Certificate of Incorporation:	Attached: Yes <input type="checkbox"/> / No <input type="checkbox"/>

DISCIPLINES	
What area/s of interest will your Affiliate target?	
<input type="checkbox"/>	Recreational Riding
<input type="checkbox"/>	Shows
<input type="checkbox"/>	Racing
<input type="checkbox"/>	Rodeo / Timed Events
<input type="checkbox"/>	Campdraft / Team Penning
<input type="checkbox"/>	Youth Events
<input type="checkbox"/>	Other: (Please detail) _____

GENERAL INFORMATION	
Describe what your Affiliate can offer the AQHA:	
_____	
_____	
_____	
_____	

**GENERAL INFORMATION CONT....**

Describe the programs and services you will offer Quarter Horse owners:

---

---

---

---

---

Describe the programs you are developing or are considering that will appeal to Quarter Horse owners :

---

---

---

---

---

Describe what type of events (eg: clinics or shows) your Affiliate runs or intends running each year, include information such as frequency & numbers attending:

---

---

---

---

---

Describe your plans to promote your Affiliate, the AQHA & Quarter Horses generally:

---

---

---

---

---

Describe your involvement with Youth Development:

---

---

---

---

---

**GENERAL INFORMATION CONT....**

Does your Club have facilities for Riders with Disabilities: Yes  / No

If yes please detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the frequency and method of communication with your members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your intention for membership development:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form was completed by: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #'s: (h) \_\_\_\_\_ (bh) \_\_\_\_\_ (mobile) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_