

**NCHJA BOARD OF DIRECTORS**

**(Interest form)**

**NAME:**

**NCHJA Member Number:**

**Address:**

**Phone:**

**Email:**

**Age:** 18-25 26-39 40-55 56 and above

**Primary Riding Discipline:**

**Primary Role as participant in the sport:**

Amateur Owner Competition Management Breeder Professional (rider/trainer)

Licensed Official Other \_\_\_\_\_

**If you are involved in competitions as an exhibitor, which do you regularly compete?**

Premiere (AA-rated) National (A-rated) Regional I/Regional II (B/C-rated) NCHJA C-rated

**List non-equine related business experience:**

**List equine related governance or board experience within the last 10 years, such as task forces, committees, and other volunteer work (NCHJA, USHJA, and any other equine organizations):**

**List non-equine related governance or board related experience within the last 10 years:**

**Please indicate your areas of interest (circle all that apply):**

Jumper Sport Issues Hunter Sport Issues Junior Banquet Amateurs Licensed Officials Rules Communications Equitation Education Annual Horse Show Show Standards Other \_\_\_\_\_

**List two equine related references (Please provide name and contact information):**