

**AMERICAN SOCIETY OF EQUINE APPRAISERS**

1126 Eastland Dr. N., Suite 100  
P.O. BOX 186  
TWIN FALLS, IDAHO 83303  
(208) 733-2323  
Fax (208) 733-2326 E-Mail: [equine@equineappraiser.com](mailto:equine@equineappraiser.com)

**MEMBERSHIP APPLICATION****Equal Opportunity Policy**

It is the policy of The American Society of Equine Appraisers to recruit qualified personnel without discrimination because of Race, Color, Religion, Age, Sex, National Origin, or Handicapped condition and to give no preferential treatment to any applicant.

Name (last) \_\_\_\_\_

(First) \_\_\_\_\_

(Middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip Code) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip Code) \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_

Do you have a valid driver's license?

Yes

No

Number \_\_\_\_\_

State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Expiration Date (Year) \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Do you have any relatives associated with this society?

Yes

No

**STATEMENT OF HEALTH**

Do you have any physical condition which may limit your ability to perform an appraisal? Yes  No

If yes, explain

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**PERSONAL**

Have you ever been expelled from or given an official reprimand by a professional organization or been convicted of a felony related to business practices or ethics?

If yes, please elaborate. (Enclose a separate statement if necessary.) Yes  No

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If you have been convicted of a felony, the nature of the felony and the length of time since conviction will be important considerations. If you have been convicted of a felony, you will not be automatically disqualified, and you will be given the opportunity to explain any convictions that adversely affect membership.

List professional organizations, special interests, or hobbies.

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EMPLOYMENT RECORD --- List employment for the last 10 years, beginning with last or present job.

Company Name	Specific Duties
Street Address	
City & State	(Telephone)
Job Title	
Supervision	Reason for Leaving
Dates Employed Mo/Yr _____ To Mo/Yr _____ Salary _____ Starting _____ End _____	
Company Name	Specific Duties
Street Address	
City & State	(Telephone)
Job Title	
Supervision	Reason for Leaving
Dates Employed Mo/Yr _____ To Mo/Yr _____ Salary _____ Starting _____ End _____	
Company Name	Specific Duties
Street Address (Telephone)	
City & State	(Telephone)
Job Title	
Supervision	Reason for Leaving
Dates Employed Mo/Yr _____ To Mo/Yr _____ Salary _____ Starting _____ End _____	

IF YOUR EQUINE EXPERIENCE IS NOT SHOWN IN YOUR EMPLOYMENT RECORD, PLEASE INCLUDE A BRIEF EXPLANATION OF YOUR EXPERIENCE WITH HORSES.

Please place on a separate piece of paper if necessary.

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#### EDUCATIONAL DATA

School Attended	Name	City	State	Circle Last Grade Completed	Major	Degree
High School				9 10 11 12		
Community College				1 2		
College or University				1 2 3 4 5 6 7 8		
Trade School/ Apprenticeship School				1 2 3 4		

**PERSONAL REFERENCES** (Give four references, not relatives, who can vouch for your ethics, credibility and competence. It is important to type or print clearly, and be sure to include complete addresses, including zip code and fax number if available.)

Name: _____ Street: _____ City/State/Zip _____ Phone No.: _____ Fax No: _____	Name: _____ Street: _____ City/State/Zip _____ Phone No.: _____ Fax No: _____
Name: _____ Street: _____ City/State/Zip _____ Phone No.: _____ Fax No: _____	Name: _____ Street: _____ City/State/Zip _____ Phone No.: _____ Fax No: _____

**PLEASE LIST PARTICULAR HORSE BREEDS AND DISCIPLINES YOU HAVE WORKED WITH OR ARE FAMILIAR WITH:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Are you willing to travel? \_\_\_\_\_ If yes, how far? \_\_\_\_\_

How many hours per week could you work? \_\_\_\_\_

Do you have any other business interests that could compliment membership in this society? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ BEFORE SIGNING. If you have any questions regarding the following statement, please ask them of a society representative before signing.

I authorize my previous employers, (please contact the Association Headquarters if you do not want to have your current employer contacted.) schools or persons named as references to give any information regarding my employment or educational record. I agree that my previous employers shall not be held liable in any respect if a membership is not tendered, is withdrawn or my membership is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. In the event my membership with the American Society of Equine Appraisers is accepted, I will comply with all of the rules and regulations as set forth in this, or other communications distributed to all members.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement, that I understand the same; and that I agree to abide by all codes, regulations and requirements, of The ASEA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### MEMBERSHIP FEE SCHEDULE

**Amount**

\$145.00	Processing Fee -	Must accompany completed membership application.
\$250.00 _____	Remaining Certification Fee -	Must be mailed when notified of acceptance into the Association, along with signed Code of Ethics.
\$395.00	Total Fee	

Note: In all cases, if your application for membership is denied, your processing fee will be completely refunded. Semi-annual dues are \$55.00 per member (becomes due six [6] months after certification). If you have any questions regarding the above membership fees, please call the Association office.

Membership fees for the American Society of Equine Appraisers are deductible as ordinary and necessary business expenses.  
SEC 6113 IRS. CODE

Please return this portion with your payment.

- My check or money order enclosed
- Please charge \$ \_\_\_\_\_ to my



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_