

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

MEMBERSHIP APPLICATION

Please write plainly or print. This application becomes a permanent record if you are accepted as a member.

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) _____

Home Address (Street) _____

(City) _____

(State) _____

(Zip Code) _____

Home Telephone () _____

Cell Telephone () _____

Business Phone () _____

Fax Number: _____

Email Address: _____

Mailing Address _____

(City) _____

(State) _____

(Zip Code) _____

Do you have a valid driver's license?

Yes
No

Number _____

State _____

Date of Birth _____

Expiration Date (Year) _____

Do you have any relatives associated with this society? Yes No

If yes, explain

STATEMENT OF HEALTH

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

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

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.

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		

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

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervision:	
Dates Employed:	Mo/Yr _____ To Mo/Yr _____
Reason For Leaving:	

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervision:	
Dates Employed:	Mo/Yr _____ To Mo/Yr _____
Reason For Leaving:	

Company Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Job Title:	
Supervision:	
Dates Employed:	Mo/Yr _____ To Mo/Yr _____
Reason For Leaving:	

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.

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 Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

Name:	
Street Address:	
City & State & Zip:	
Telephone:	
Fax:	

PLEASE LIST THE HORSE BREEDS THAT YOU HAVE ACTUAL EXPERIENCE WITH, NOT JUST A KNOWLEDGE OF:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

LIST THE DISCIPLINES (Western Pleasure, Barrel Racing, Eventing, Dressage, etc.) THAT YOU HAVE ACTUALLY PARTICIPATED IN:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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: (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.)

American Society of Equine Appraisers

\$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 Agricultural 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



Name On Card _____

Card # _____

Exp. Date _____

Daytime Phone _____