

# NASMDA Amateur Application

Please print out this form and mail to:  
NASMDA, PO Box 207, Griswold, IA 51535  
Phone: 712-789-0749

Make checks payable to:  
**North American Saddle Mule & Donkey Association**



**YOUR ANIMAL MUST BE REGISTERED WITH NASMDA OR YOU MUST HAVE  
A LEASE FORM ON FILE BEFORE APPLYING FOR AN AMATEUR CARD.  
YOU MUST BE A CURRENT NASMDA MEMBER TO APPLY FOR AN AMATEUR CARD.**

Registered Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

New Membership (\$30)     Renew Membership (\$30) - NASMDA Card Number: \_\_\_\_\_

New Amateur Card (\$20)     Renew Amateur Card (\$20) - Amateur Card Number: \_\_\_\_\_

Novice     Silver (over 50) Birthdate: \_\_\_\_\_ (Send documentation)

*Novice exhibitors cannot have earned 10 or more points in any mule or donkey performance class or Youth or Amateur combined or their eligibility will be relinquished.*

*Applicants are responsible for verifying eligibility. Halter points do not count.*

**NASMDA Member Amateur Card fee: \$20 • Amateur Card + NASMDA Membership (\$30): = \$50**

***(Note: Cards expire on 12/31 of year of application. To renew a card, send fee by that date)***

Farm Name (If Applicable) \_\_\_\_\_

*\* Extra \$10 if you want it registered/listed. (One time fee).*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Spouse's name: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

***(Note: NASMDA rule 147.E states "An amateur exhibitor may not show, train or assist in the training of a mule or donkey for which their spouse is accepting any form of remuneration.")***

## Statement of Eligibility – Please Read Carefully and Answer ALL Questions

Yes  No Have you accepted payment, directly or indirectly, for judging, riding, training, exhibiting, schooling, or driving of a horse/mule/donkey at any time during the past 5 years (60 months)?

Yes  No Have you instructed another person, or conducted a seminar in riding, driving, training, or showing a horse/mule/donkey at any time during the past 5 years (60 months)?

Yes  No Have you shown, trained, or assisted in the training of a horse/mule/donkey for which your spouse has accepted any form of payment, either directly or indirectly, for the training, assisting in training, or showing of said animal any time during the past 5 years (60 months)?

Yes  No Have any of your expenses (including but not limited to lodging, transportation, mileage, etc.) been paid by someone else other than family members?

Yes  No Are you now, or have you ever been approved as a horse show judge by any breed or show association?

Yes  No Have you judged any horse/mule/donkey shows, open, 4-H, or approved breed shows during the past 5 years?

If you answered "Yes" to any of the questions above, please explain fully (use additional paper if necessary): \_\_\_\_\_

\_\_\_\_\_

Please list any amateur cards & numbers held by you in any other horse/mule/donkey organization:

\_\_\_\_\_

\_\_\_\_\_

In submitting this application for status in the NASMDA Amateur Exhibitor Program I hereby affirm that the information contained herein is true and correct. I understand that my status in the NASMDA Amateur Program and my NASMDA Amateur card are revocable. I understand that the animal(s) I will show must meet the recorded owner requirements according to the NASMDA rulebook, must have completed transfer of ownership prior to showing of any animal, and leased or co-owned (other than immediate family) are ineligible. Should the Association find that, for any reason, I am no longer eligible to compete in NASMDA approved Amateur classes, I agree to surrender said card to the Association immediately upon request. Furthermore, should I no longer be eligible for Amateur status for any reason, I will refrain from exhibiting in the corresponding classes and I agree to voluntarily surrender my NASMDA card to the Association without request. Failing to do so, I am subject to possible disciplinary action under the general rules of the Association. By signing this application, I acknowledge responsibility for knowledge of NASMDA rules regarding the Amateur program.

Signature of Applicant (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

**METHOD OF PAYMENT:**

Check     Paypal     Visa     MasterCard     Discover

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_