



# 2012 AjPHA Regional Club Director Nomination

*APHA and AjPHA Regional Clubs may submit this form to nominate eligible youth for AjPHA National Director. Nominees must be 17 or younger as of January 1, 2012.*

State/Province/Country: \_\_\_\_\_ Club Submitting Nomination: \_\_\_\_\_

Club Advisor: \_\_\_\_\_ Advisor's E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature of Person Submitting Nomination: \_\_\_\_\_

**List nominees from club. Attach additional sheets as necessary.**

1. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_ AjPHA ID Number: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Name: \_\_\_\_\_ 5. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_ AjPHA ID Number: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Name: \_\_\_\_\_

AjPHA ID Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Postmark to Director of Youth Activities  
by December 1, 2011.**



American Junior Paint Horse Association  
PO Box 961023 • Fort Worth, TX 76161  
(817) 834-2742 • Fax (817) 222-8489  
www.ajpha.com • youth@ajpha.com