



2010 AjPHA Individual Director Nomination

AjPHA members may submit this form to nominate themselves for AjPHA National Director. Nominees must be 17 or younger as of January 1, 2010.

Name: _____ AjPHA ID: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ E-mail: _____

Birth date: ____/____/____

Signature of Youth: _____

Signature of Parent/Guardian: _____

My nomination is endorsed by five AjPHA members in good standing which reside in my state/province/country:

1. Name: _____

AjPHA ID Number: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Signature: _____

4. Name: _____

AjPHA ID Number: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Signature: _____

2. Name: _____

AjPHA ID Number: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Signature: _____

5. Name: _____

AjPHA ID Number: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Signature: _____

3. Name: _____

AjPHA ID Number: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Signature: _____

Postmark to Director of Youth Activities by January 1, 2010.



American Junior Paint Horse Association
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