

**AMERICAN GAITED MULE ASSOCIATION Inc.**  
**AMATEUR APPLICATION**

**Fee: \$5.00**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone # (s): Home \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Spouse's Name & Occupation: \_\_\_\_\_

**STATEMENT OF ELIGIBILITY – PLEASE READ AND ANSWER ALL QUESTIONS**

Yes  No Have you accepted any form of payment (directly or indirectly\*\*) for training, riding, exhibiting, schooling, or driving of any mule, donkey, or horse during the past 5 years?

Yes  No Have you conducted a seminar or instructed another person in training, riding exhibiting, schooling, or driving of any mule, donkey, or horse in the past 5 years?

Yes  No Has your spouse accepted any form of payment (directly or indirectly\*\*) for any mule, donkey, or horse that you have shown, trained, or assisted in training in the past 5 years?

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

Yes  No Do you hold any other amateur cards by any other mule, donkey, or horse organization? If so, please list on the back side of this sheet.

\*\*Indirectly means by having any expenses paid such as, but not limited to lodging, mileage, transportation, meals, etc.

**A Trainer's immediate family (no matter their age) cannot exhibit a mule as an Amateur if the Trainer has received remuneration for that mule. An Amateur exhibitor may not train/assist in the training or showing of a mule for which their spouse is accepting any form of remuneration.**

I hereby affirm that the information in this application is true and correct and that by submitting this application I understand that my status as an amateur is revocable by the American Gaited Mule Association. Should the American Gaited Mule Association find for any reason that I am no longer eligible to compete as an amateur, I agree to surrender said status upon request. Furthermore, should I become ineligible for any reason I agree to refrain from showing in the corresponding classes and I agree to voluntarily surrender my status without request. I understand that failure to do so can lead to possible disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Please mail application to AGMA, 4915 Oxford Drive, Mobile, AL 36618.