



NRHA Professionals  
Code of Ethics,  
Application & Survey  
MEMBERSHIP EXPIRES ON DECEMBER 31<sup>st</sup>.

**MISSION STATEMENT:** The goal of the NRHA Professionals is to bring together the Reining Horse Professional to govern and uphold ethics and to develop and set new policy so that they may better serve the Reining Horse Industry.

*We, the members of the National Reining Horse Association Professionals in carrying out our role of providing service to the Reining horse industry, recognize the need to do so in a professional manner, and to deal with the public and our colleagues with the highest degree of integrity. Therefore, we have set forth the following code of ethics which shall govern our endeavors to fulfill our obligations. By signing this application, I agree to be bound by the rules of the NRHA Professional Code of Ethics. I understand that in order to participate in this program, I must maintain a continuous individual membership with NRHA.*

As a member of the NRHA Professionals, I will:

- ★ Adhere to the professional standards of the NRHA and work to further its goals and objectives.
- ★ Insure that the welfare of the Reining horse is paramount and that every horse shall at all times be treated humanely and with dignity, respect and compassion.
- ★ Conduct all business affairs with integrity, sincerity, and accuracy in an open and forthright manner.
- ★ Act with integrity in dealings with clients, other professionals, and the public. In this regard, any horse shown by my spouse, client, or child will be economically owned as prescribed by applicable NRHA rules.
- ★ Handle our business operations in a manner in which promotes the image of the Reining horse industry.
- ★ Instill confidence among clients and the public in the Reining horse industry, avoiding any action conducive to discrediting it or membership in the NRHA.

By signing below, I agree to the policies and decisions made by the NRHA Professionals and agree to the NRHA Top 20 guidelines

Applicant's Signature \_\_\_\_\_

NRHA ID #: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_ Database: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_ Web Site: \_\_\_\_\_

Check #: \_\_\_\_\_ Mailed: \_\_\_\_\_

**MEMBERSHIP COST: \$25 US funds**

Please include, check, money order or credit card payment.

Applicant's Name: \_\_\_\_\_

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

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

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

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

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

Web Site: \_\_\_\_\_

Memberships (other organizations): \_\_\_\_\_

**JUDGING:**

With what associations do you hold a card?

\_\_\_\_\_

\_\_\_\_\_

**TRAINING:**     Youth             Non Pro             Open

**SERVICES OFFERED:**     Training             Showing

Lessons

*If Lessons:*

Open             Non Pro             Youth             Freestyle

Other: \_\_\_\_\_

Would you participate in the NRHA Apprentice Program?

Yes             No

**CLINICS:** I would give a clinic in:

*(you may check more than one)*

USA             Canada             Mexico             Europe

Other: \_\_\_\_\_

**HISTORY:**

Number of years you have been a trainer: \_\_\_\_\_

Number of years you have been a riding instructor: \_\_\_\_\_

Other disciplines you train in: \_\_\_\_\_

\_\_\_\_\_

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