

**From:** [NCHA No-Reply](#)  
**To:** [Cathy Aleff](#)  
**Subject:** Director Consent Form  
**Date:** Monday, January 11, 2021 10:40:29 AM

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## **Director Consent Form**

**Dear NCHA Directors and 2021 Applicants,**

As required by the NCHA Constitution and Bylaws, those persons desiring to serve on the NCHA Board of Directors must give consent for their name to be placed in nomination. All members meeting requirements for a Director position contained on the following form, and giving permission for same, will then be listed on the election ballot sent to NCHA members in those Districts holding elections for the current year. The consent form must be received in the NCHA Office by close of business on **January 15, 2021**.

It is the goal of the National Cutting Horse Association to have an active Board of Directors who represent all members and desire to be active with NCHA governance. **All incumbent Directors** whose term has been fulfilled **and who desire to serve a new term on the NCHA Board of Directors, must give consent by returning the form in order for their name to be placed on the election ballot.** Active campaigning based on issues to encourage NCHA growth and development is encouraged.

**NCHA Board of Directors election** is the opportunity to furnish biographical information, a head shot photograph (encouraged) and to campaign as to why you desire to serve the NCHA in a Director Position. This information will be published on the NCHA website for membership review during Director Elections.

I hereby agree my name may be placed in nomination for election to the NCHA Board of Directors. If elected, I agree to attend the meetings of the NCHA Board of Directors as set forth in its current Constitution and Bylaws. I have been a member of NCHA for at least three (3) years, am twenty-one (21) years of age or older and have not been convicted of a felony.

Name: Clint Allen  
Membership #: 40649  
Membership Years: 25  
Address: PO Box 999  
City: Weatherford  
State: TX  
Postal Code: 76086  
Email: cwa3411@gmail.com  
Phone: (817) 304-1526  
Contact How: Elected to be contact only by Phone  
My NCHA Membership is carried in the state of: Tx  
Region: 8  
Area: 9  
Have you served as a NCHA Director: True

If yes, how many years did you serve?: 10  
Year most recent term expired: 2021

**---Your role(s) as a NCHA member:---**

Trainer

**---Questions:---**

1. Why do you want to serve the NCHA in a Director position and what do you want to accomplish? \*Required

Answer: NA

2. What do you feel should be the most important issue addressed by the leadership of NCHA at this present time? \*Required

Answer: NA

3. NCHA Experience (Competing, serving as a Director, serving an affiliate, on a committee, etc.): \*Required

Answer: NA

4. Your vision of how and what the NCHA can do to sustain and grow membership:  
\*Required

Answer: NA

5. What qualifications/skill sets/experiences will you bring to the NCHA Board of Directors?  
\*Required

Answer: NA

6. Additional information you would like to share for election consideration:

Answer:

7. Do you understand the term length for the position you have applied for and the importance of completing the entire term? \*Required

Answer: YES

8. Do you understand that you may not serve as an Officer or Director of any other organization association which may use the words "cutting horse" in its name and which is not affiliated with the Association? \*Required

Answer: YES