



260 Bailey Avenue  
Fort Worth, Texas 76107-1862  
817.244.6188 www.nchacutting.com

## DIRECTOR CONSENT FORM/APPLICATION

Also available on NCHA Website under Contact/Directors  
and Membership/Forms for online submittals.

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**. Late consent forms will not be accepted.

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: \_\_\_\_\_

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

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

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

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

Do you give permission for voters to contact you by email? \_\_\_\_\_ By Phone? \_\_\_\_\_

My NCHA Membership is carried in the state of \_\_\_\_\_ Region \_\_\_\_\_ Area \_\_\_\_\_

Member # \_\_\_\_\_ Membership years: \_\_\_\_\_

Have you served as a NCHA Director: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how many years did you serve? \_\_\_\_\_

Year most recent term expired: \_\_\_\_\_

Your role as a NCHA member - Please check all that apply:

<input type="checkbox"/> Trainer	<input type="checkbox"/> Non-competing member
<input type="checkbox"/> Non-Professional	<input type="checkbox"/> Breeder
<input type="checkbox"/> Amateur	<input type="checkbox"/> Stallion Owner
<input type="checkbox"/> Committee Member	<input type="checkbox"/> Weekend Competitor
<input type="checkbox"/> Show Producer	<input type="checkbox"/> Aged Event Competitor
<input type="checkbox"/> Affiliate Officer or Secretary	<input type="checkbox"/> Owner

Why do you want to serve the NCHA in a Director position and what do you want to accomplish?

\_\_\_\_\_  
\_\_\_\_\_

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

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

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Your vision of how and what the NCHA can do to sustain and grow membership:

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What qualifications/skill sets/experiences will you bring to the NCHA Board of Directors?

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Additional information you would like to share for election consideration:

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*"During his or her term of service, any Director who misses two regular meetings of the Board of Directors shall be immediately terminated as a Director. A Director shall be considered in attendance at the annual meeting of the Board of Directors only if the Director attends all sessions, which includes the regional directors meeting, Sessions 1 and 2 of the Board of Directors. Any Director who fails to attend two consecutive annual meetings or fails to attend two annual meetings within his/her 3 year term will be dismissed and will be ineligible to run as a Director for the following 3 years."*

Do you understand the term length for the position you have applied for and the importance of completing the entire term?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*"A Director's term of service will be terminated immediately if the Director serves as an Officer or Director of an organization which either has affiliates or is affiliated with an organization using in its name the words "cutting horse" and which is not affiliated with the Association."*

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?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ NCHA Member # \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**This form must be received in the NCHA office by close of business on January 15, 2021.**

Email to Cathy Marie Aleff at: [caleff@nchacutting.com](mailto:caleff@nchacutting.com)

Or US Postal Mail: NCHA  
Director Consent Form  
260 Bailey Avenue  
Fort Worth, TX 76107

**PLEASE** attach a headshot photograph to be published on the NCHA website for membership to review during Director Elections.

**Responsibility for receipt of this form lies with sender.**