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nchacutting.com

**APPLICATION
NCHA CERTIFIED SECRETARY**

NAME _____ NCHA # _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE # _____ WORK PHONE# _____

CELL PHONE # _____ EMAIL ADDRESS _____

Have you ever worked with a Certified Secretary? Yes (explain) No (circle one)

Why are you interested in becoming an NCHA Certified Secretary? _____

Do you have any knowledge of cutting? Yes (explain) No (circle one)

Do you show in any other equine discipline? Yes (explain) No (circle one)

Are you familiar with the Fastercut Software Program? Yes (explain) No (circle one)

Please mail completed application to above address attention Linda Smith. If you have any questions, please do not hesitate to contact the NCHA office.