



NATIONAL REINED COW HORSE ASSOCIATION 2026 NON PRO DECLARATION

Valid November 16, 2025-November 15, 2026

Complete Online!



Name: _____ Membership ID: _____
First M.I. Last

Occupation: _____

Answering **YES** to any of the following questions does **NOT** automatically disqualify you from gaining Non Pro Status.

1. Within the last 5 years have you for remuneration (as defined in the NRCHA rulebook) done any of the following:

- | | | |
|--|-----------------------------|------------------------------|
| a. Given lessons (in any equine related situations) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| b. Given clinics (in any equine related situations) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| c. Trained horses ASTRIDE or assisted in training horses ASTRIDE | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If **YES**, to any of the above, explain and include date(s): _____

2. Within the last 5 years, have you:

- | | | |
|--|-----------------------------|------------------------------|
| a. Shown a horse not owned by you or an immediate family member?
<small>(in any discipline / organization, like HS Rodeo / SHTX, etc. – with or without remuneration)</small> | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| b. Had your entry fees paid for any horse (regardless of owner) by anyone who was not an immediate family member? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| c. Had any show expenses / horse expenses paid (directly or indirectly) by any one who was NOT an immediate family member? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If **YES**, to any of the above, explain and include date(s): _____

3. Within the last 5 years have you:

- | | | |
|--|-----------------------------|------------------------------|
| a. Been employed as an intern for a horse trainer in any discipline? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| b. Participated in a recognized intern/sponsor program (such as NRHA)? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If **YES**, to either, list program/trainer name and dates and explain the structure of the program: _____

4. Are you currently:

- | | | |
|---|-----------------------------|------------------------------|
| a. Residing on a horse training facility? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| b. Working for a horse training facility? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| c. Publicly identified with horse trainer or horse training facility?
<small>(Examples: business owner, trainer spouse and/or significant other, etc.)</small> | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| d. Participating in an equine science program? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| e. Receive monetary or non-monetary remuneration directly or indirectly from ANY business that is involved in the equine industry?
<small>(Examples: Western Apparel, Equine Feeds/Supplement Companies, Tack Stores, Horse Equipment Companies, Farm/Ranch Equipment Companies, Insurance Companies, etc.)</small> | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If **YES**, to any of the above, explain: _____

5. Do you have more than \$750 in combined, down the fence earnings? ☐ NO ☐ YES
(Please include earnings from any & all approved national/regional horse organizations like AQHA, APHA, ApHC, SHTX, Ranch Horse Versatility, etc.)

If **YES**, to any of the above, explain and include date(s): _____

6. Are you a Youth (18 or under as of November 16, 2025)? ☐ NO ☐ YES

I, the undersigned, have read and understand the National Reined Cow Horse Association Non Pro definitions and rules and will abide by them. I also understand that if there is a change in my status or eligibility that I must inform the National Reined Cow Horse Association within 30 days of that change. I understand that my Non Pro application will be reviewed by the Non Pro Committee and it may be reviewed by the NRCHA Board of Directors, and their decisions shall be final.

Signature: _____ Date: _____

Return to: NRCHA 9702 Mineral Wells Hwy, Weatherford, TX 76088 Phone: 940.488.1500 Email: membership@nrcha.com