Application
to become an RMHA Examiner

All fields must be completed and form must be signed.
Email to **coordinator@rmhorse.com**
OR mail to **4561 Iron Works Pike, Suite 156**
Lexington, Ky 40511

Clinics are scheduled at the discretion of the Directors of Examiners based on the number of applications received. If you know of others near you who would like to become Examiners, please ask them to submit an application, too.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

RMHA Membership Number _____

- ☐ I have been a member continuously for the last 3 years to attend a clinic.
- ☐ I understand that I must register for and attend a clinic (with a clinic fee of $50 payable to the RMHA) and pass a test to achieve Examiner status.
- ☐ I understand that I must maintain continuous membership to maintain my status as an Examiner, after being approved.
- ☐ I understand that should my membership lapse, I will be required to apply to the Directors of Examiners for reinstatement of my Examiner status. If lapsed for under a year, there is a $10 fee, payable to the RMHA, for reinstatement if approved. If lapsed for over a year, the fee is $50, payable to the RMHA, for reinstatement if approved.
- ☐ I understand that should my membership be lapsed for over three years I would be required to complete a new application (paying application fee to RMHA), take a clinic and pass a test to become an Examiner again.
- ☐ My signature indicates my acknowledgement that I must comply with the Bylaws, Rules and Rules of the Registry as they apply to my role as an Examiner.

Why would you like to become an Examiner for the RMHA?

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Signature of applicant