



**CLUB RESPONSE TO NEW REQUEST FOR APHA REGIONAL CLUB CHARTER**

*RE: (pending)*

*Please answer the following questions. (Use reverse or additional paper if needed.)*

1. a. Were you aware of a group of individuals in your area wishing to form a new club?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. If so, how did you become aware? \_\_\_\_\_
2. a. If your club boundaries are adjacent to the boundaries requested by new club, do any of your members have reservations regarding the formation of the new club?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Explain: \_\_\_\_\_
3. a. If your club boundaries overlap the boundaries requested by new club, do any of your members have reservations regarding the formation of the new club?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Explain: \_\_\_\_\_
4. a. Do the members of your club feel there are enough horses, horse shows or APHA members to support another regional club in the area?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Explain: \_\_\_\_\_
5. a. Do the members of your club feel there are adequate horse show facilities in your area/state to hold additional horse shows?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Explain: \_\_\_\_\_
6. a. Would a representative(s) of your club be willing to meet with the individual(s) wishing to form a new regional club to assist or work out differences?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Explain: \_\_\_\_\_
7. Do the members of your club feel an additional club in the area would:
  - a. Stimulate the interest in the Paint Horse? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - b. Be a deterrent to the Paint Horse or your club? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - c. Explain: \_\_\_\_\_

8. a. If this request for a new club is approved, would it create problems within your club or any of the members? Yes: \_\_\_\_\_ No: \_\_\_\_\_

b. Explain: \_\_\_\_\_

9. a. Has this request been discussed at one of your board and/or membership meetings? Yes: \_\_\_\_\_ No: \_\_\_\_\_

b. Explain: \_\_\_\_\_

10. Additional comments: \_\_\_\_\_

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

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Name of Responding Club: \_\_\_\_\_ Date: \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Treasurer

*Please return this questionnaire to APHA by the date listed on the attached memorandum. If this does not give your club adequate time, contact Julie Haney at 817/222-6404 (phone), 817/222-8470 (fax) or e-mail to [jhaney@apha.com](mailto:jhaney@apha.com) with an approximate time frame for return.*