



NMQHA Trainer Participation Agreement for Referral Service  
For Current NMQHA Members

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I would like to be on the referral list for:

\_\_\_\_\_ training

\_\_\_\_\_ coaching

\_\_\_\_\_ sales

\_\_\_\_\_ other \_\_\_\_\_

I request that NMQHA refer potential clients to me. I agree to hold New Mexico Quarter Horse Association, its Board of Directors and members, harmless from any consequences or for any liability arising from such referrals. I understand that I must be a current member of NMQHA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form to

NMQHA

PO Box 11

Peralta, NM 87042