



**NMQHA Trainer Participation Agreement for Referral Service
For Current NMQHA Members**

Name: _____

Address: _____

Phone: _____

Email address: _____

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 _____

Mail completed form to NMQHA
PO Box 11
Peralta, NM 87042