

## Qualified Instructor (QI) Membership Application 2024 Membership Year

1/1/2024-12/31/24

Mail to: CECTH 9794 Old Hawn Rd Huntingdon, PA, 16652

Qualified Instructor Membership — \$60	<u>\$</u>
Or	_
Qualified Instructor who is the designated recipient of a Center's complimentary individual membership— $\$10$	1 <u>\$</u>
Fill in the information below AND please check ALL items that may be listed on the CECTI	H website.
Qualified Instructors must fill in the continuing education form at the bottom of this page.	
☐ Instructor Name:	
☐ Instructor Address:	
□ Phone (best number to contact you):	
☐ Email Address (please print very clearly):	
☐ Program Affiliation, if any:	
Donation—any level of donation is always appreciated—-	\$
• • • • • • • • • • • • • • • • • • • •	
Please indicate if we may publish your name in our communications $\square$ YES $\square$ NO CECTH is a 50	01 (c) (3) charitable organization.
1	01 (c) (3) charitable organization.
Please indicate if we may publish your name in our communications $\Box$ YES $\Box$ NO CECTH is a 50	01 (c) (3) charitable organization.
Please indicate if we may publish your name in our communications $\square$ YES $\square$ NO CECTH is a 50 Receipts will be sent via regular mail.	_
Please indicate if we may publish your name in our communications ☐ YES ☐ NO CECTH is a 50 Receipts will be sent via regular mail.  Donor Name:	
Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate if we may publish your name in our communications   Please indicate in our communications   Please indicate indicate in our co	
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  TOTAL PAYMENT	\$ and verify before sending. Please do
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  PAYMENT  Method Payment: Check payable to CECTH, Card, or PayPal (on website)  If using a credit card, please fill in the section below. Be careful when writing out the numbers a	\$ and verify before sending. Please do
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  PAYMENT  Method Payment: Check payable to CECTH, Card, or PayPal (on website)  If using a credit card, please fill in the section below. Be careful when writing out the numbers a not indicate a previous credit card used or the last four numbers of a card as we do not keep this	\$ and verify before sending. Please do
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  PAYMENT  Method Payment: Check payable to CECTH, Card, or PayPal (on website)  If using a credit card, please fill in the section below. Be careful when writing out the numbers a not indicate a previous credit card used or the last four numbers of a card as we do not keep this Name as it appears on card:	\$ and verify before sending. Please do
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  PAYMENT  Method Payment: Check payable to CECTH, Card, or PayPal (on website)  If using a credit card, please fill in the section below. Be careful when writing out the numbers not indicate a previous credit card used or the last four numbers of a card as we do not keep this Name as it appears on card:  Card Number:	\$ and verify before sending. Please do
Please indicate if we may publish your name in our communications   Receipts will be sent via regular mail.  Donor Name:  Donor Address (if different from above):  PAYMENT  Method Payment: Check payable to CECTH, Card, or PayPal (on website)  If using a credit card, please fill in the section below. Be careful when writing out the numbers a not indicate a previous credit card used or the last four numbers of a card as we do not keep this Name as it appears on card:  Card Number:  Expiration:  Expiration:	\$ and verify before sending. Please do

## Instructors

To maintain your QI status, you must submit verification of a minimum of eight (8) hours of continuing education. Continuing education hours are considered to be conferences, seminars, classes, lectures, and clinics. Regular riding lessons, meetings, and casual conversations are not considered to be continuing education.

Event	Topic	Date(s)	Hour(s)

Your signature verifies these statements:	
Tour signature vermes these statements.	

RECIEPT OF MEMBERSHIP WILL BE SENT VIA E-MAIL, IF PROVIDED.