



Kathleen Bowser, Executive Vice-President  
Professional Handlers' Association  
17017 Norbrook Drive  
Olney, MD 20832

## **Requirements for Membership in the Apprentice-Professional Handlers' Association (APHA) Program**

1. The Apprentice must have been in the employ of the PHA Member for a minimum of six (6) months.
2. The PHA Member must sponsor the membership of the Apprentice.
3. The PHA Member may have only one (1) Apprentice.
4. The Zone Governor and a majority of the Zone Representatives will act on each application.
5. The PHA Member will present the APHA lapel pin to the Apprentice. Should a disciplinary action arise, the Member may require surrender of the pin and must immediately notify the Board of Governors of the disciplinary matter.
6. The PHA Member may not pass the APHA lapel pin to another Apprentice without having an Application for Apprentice Handler Status submitted and approved by the Board of Governors.
7. Membership fee for the APHA is twenty-five percent (25%) of the full membership dues.
8. Minimum age for the APHA program is eighteen (18) years of age.
9. APHA members are to familiarize themselves with the PHA Requirements for Membership and the PHA Code of Ethics. This information may be found at [www.PHADogHandlers.com](http://www.PHADogHandlers.com) or the Association can provide a copy.
10. All Apprentice applicants applying for full membership status must be at least twenty-one (21) years of age, be in good standing with the American Kennel Club, and have ten (10) years of active involvement with showing dogs. This must include five (5) years of acting as an agent, or two (2) years of successful employment as a APHA member, or three (3) years as an assistant to a member of the PHA.



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## Application for Apprentice-Professional Handlers' Association Status

Applicant Full Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Applicant Telephone Number: \_\_\_\_\_

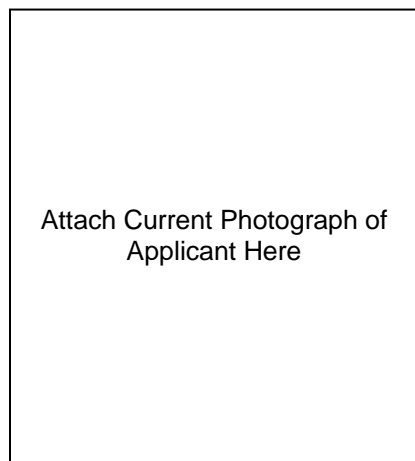
Applicant Email Address: \_\_\_\_\_

I hereby make application for an Apprentice – Professional Handlers' Association (APHA) status under the supervision and direction of PHA Handler \_\_\_\_\_, and pledge that all the information provided in this application is true and correct to the best of my knowledge and belief.

I understand that all of the Requirements for Membership in the APHA program are part of this application and I agree to abide by these, the PHA Code of Ethics, and the PHA Requirements for Membership.

I acknowledge that I have read and understand the terms of the program, and that the PHA is not obligated to make known to me the reason this request was not granted.

APHA dues are 25 percent (25%) of full membership dues and payment must accompany this application.



\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

### ENDORSEMENT

\_\_\_\_\_  
(Name of Applicant) has worked for me since \_\_\_\_\_  
(Date) and in my

opinion is qualified to be an apprentice handler. I agree that as long as the applicant remains as my apprentice, that I am responsible for their conduct that may reflect on my membership in the PHA.

\_\_\_\_\_  
 Signature of PHA Member

*The Professional Handlers' Association – "Quite Simply the Best"*

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