



PFHA User Access Request Form



Organization: Paso Fino Horse Association
 Name and Member ID: _____
 Title: _____
 Address: _____
 Phone: _____
 Email Address: _____

Assigned User ID:
 (OFFICIAL USE)

Type of Access Requested	
<input type="checkbox"/> View Only <input type="checkbox"/> Add/ Modify	Show Secretary System/ Show Results Upload.
<input type="checkbox"/> View Only <input type="checkbox"/> Add/ Modify	Show Management
<input type="checkbox"/> View Only <input type="checkbox"/> Add/ Modify	Horse Registration
<input type="checkbox"/> View Only <input type="checkbox"/> Add/ Modify	Membership
<input type="checkbox"/> View Only <input type="checkbox"/> Add/ Modify	Accounts
<input type="checkbox"/> View Only <input type="checkbox"/> Add/Modify	Regional Membership Report
<input type="checkbox"/> View Only <input type="checkbox"/> Add/Modify	Committee Reports
<input type="checkbox"/> View Only <input type="checkbox"/> Add/Modifv	PFHA Meetings

You have been assigned based on the PFHA Information Security Policy (ISP) implemented via a Licensing Agreement between the Paso Fino Horse Association (PFHA) and CNT Infotech Corporation. A user ID will be assigned to you based on the terms of the PFHA ISP and the Licensing Agreement. Assigned user IDs and passwords are personal and confidential and **shall not be disclosed** to any other person or entity. If a PFHA member/contractor needs access to the PFHA system, the person shall submit a Request Form to the PFHA Information Security Officer/Executive Director. **Disclosing or sharing your ID and password with other persons or entities may result in suspension or cancellation of your access.** Access Privileges (as the term is defined in the ISP) may enable you to access confidential information and systems of PFHA and/ or CNT Infotech Corporation. Confidential information shall not be disclosed to any person or entity. You hereby agree that you acquire no rights to the Licensed System, except the right to use the Licensed System for Permitted Purposes only.

Signature : _____ Date: _____

Approved by (Name and Signature): _____ Date: _____
