



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.
MEMBERSHIP APPLICATION
 PO BOX 1228, Clovis, CA 93613 – 1228
 Phone (559) 325 1055 Fax (559) 325 1056 Email: csha@att.net
 www.californiastatehorsemen.com
 Membership year valid thru December 31st

NEW If NEW, your membership includes: CSHA Bylaws/Rulebook CD & CSHA Auto Decal **RENEWAL** **201**__**YEAR**

NAME			SPOUSE		
CHILDREN					
ADDRESS					
APT. OR UNIT#		CITY		STATE	ZIP
PHONE#			FAX#		REGION#
EMAIL				COUNTY	

MEMBERSHIP TYPES

Senior (18 years old & over)	\$ 35.00	\$
Family	\$ 40.00	\$
Commercial	\$ 50.00	\$
Commercial (Web-Site Link)	\$250.00	\$

Minors must join as a Family membership with parent's names on top of form and one parent's signature on bottom.

Only Life, Senior, Family and CSHA Club members in good standing are eligible to participate in CSHA Programs

Only the points earned during the time you are a member count toward program Championships. Any points earned prior to membership do not count.

OPTIONAL ITEMS

Bylaws/Rule Book	\$25.00	\$
Bylaws/Rule Book in CD	\$10.00	\$
Horseman's Handbook	\$14.75	\$
Horseman's Handbook in CD	\$10.00	\$
West Coast Horse Show Rule Book	\$10.00	\$
C.S.H.A. Flag	\$170.00	\$
C.S.H.A. Shoulder Patch	\$3.50	\$
C.S.H.A. 3 1/2" Window Decal	\$2.50	\$
C.S.H.A. 3 1/2" Decal	\$2.50	\$
C.S.H.A. 9" Trailer Decal	\$5.75	\$
C.S.H.A. Lapel Pin	\$10.00	\$
C.S.H.A. Bumper Sticker	\$1.00	\$
Donation to CSHA		\$

CHARITABLE TRUST DONATIONS: MUST be separate check. Made payable to "CSHA Charitable Trust"

Horsemastership	Junior	\$	Senior	\$
Show of Champion Scholarships	English/Western	\$	Gymkhana	\$
Royalty Scholarships		\$		\$
UC Davis Veterinary Scholarships		\$		\$
Equine Medical Research Fund		\$		\$
Other- Charitable Trust		\$		\$

OTHER PROGRAMS AVAILABLE

Drill Team	Endurance	English/Western
Equestrian Trails Patrol (ETP)	Gymkhana	Horsemastership
Parade	Royalty	Stock Competition
Trail Rider Award Program	Trail Trials	

TOTALS

Membership Dues	\$
Total of Optional Items	\$
Total Due to CSHA	\$

Signature _____

Date _____

APPLICATION MUST BE SIGNED BY AN ADULT

Region:	Region Officer:	Date
Office Received	Postmark	
Check#	\$	Deposit Date
GL Account		
MMS Date	Member Pack/Order	
Comments:		