



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.

PO BOX 1228, Clovis, CA 93613 – 1228

Phone (559) 325 1055 – Fax (559) 325 1056 – Email: csha@att.net

CSHA NEW / RENEWAL MEMBERSHIP APPLICATION

(Please circle "New" if joining for the first time as a direct CSHA Member)

Membership year valid thru December 31st

*** Please indicate what calendar year you are joining..... For _____ **YEAR**

NAME: _____ **SPOUSE** _____

CHILDREN: _____

ADDRESS: _____ **APT. OR UNIT #** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ - _____

TELEPHONE: (_____) _____ **FAX:**(_____) _____ **EMAIL:** _____

REGION: _____ **COUNTY:** _____

TYPE OF MEMBERSHIP

_____ Life	\$350.00	\$ _____
_____ Senior (18 yrs & over)	\$ 35.00	\$ _____
_____ Family	\$ 40.00	\$ _____
_____ Commercial	\$ 50.00	\$ _____
_____ Commercial (web-site Logo link)	\$250.00	\$ _____

*If **NEW**, your membership includes (per membership)
Copy of CSHA Bylaws/Rules CD format & Auto Decal
(allow 6-8 weeks for shipping)

PROGRAMS OFFERED

Drill Team, Endurance, English/Western, Equestrian Trails Patrol (ETP), Gymkhana, Gaited Horse, Horsemastership, Parade, Royalty, Trail Riders Award Program (TRAP), Trail Trials, and Stock Competition. Please see your Region Program Chair for forms

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

Donation to CSHA _____ \$ _____

DONATION (Check made payable to CSHA Charitable Trust)

- \$ _____ Horsemastership Scholarships..... Jr. _____ Sr. _____
- \$ _____ Royalty Scholarship
- \$ _____ SOC Scholarship..... Eng/West _____ Gymkhana _____
- \$ _____ UC Davis Veterinary Scholarship
- \$ _____ Equine Medical research Fund
- \$ _____ Other – Char Trust _____

Web site: californiastatehorsemen.com

OPTIONAL ITEMS:

Bylaws/Rule Book	\$ 25.00	\$ _____
Bylaws/Rule Book in CD	\$ 10.00	\$ _____
Horseman's Handbook	\$ 14.75	\$ _____
Horseman's Handbook in CD	\$ 13.75	\$ _____
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	\$ _____

(Includes sales tax, shipping and handling – when applicable)

TOTAL of OPTIONAL ITEMS \$ _____

TOTAL of MEMBERSHIP DUES \$ _____

TOTAL of CSHA DONATIONS \$ _____

TOTAL AMT PAID TO CSHA \$ _____

TOTAL AMT PAID -CHAR TRUSTS \$ _____

Your membership is valid thru December 31st for year _____

X
SIGNATURE - application must be signed

DATE _____

*******For Official Use Only*******

Region _____ Name of person receiving app _____ Date Region received _____

Date Office received _____ Postmark _____ Member # _____

Check# _____ Check amt\$ _____ GL Acct # _____

Entered in QB _____ Member Code _____ Entered in State Roster _____

Entered in Saleable _____ Entered in Donations _____

Member packet shipped _____ Comments _____