



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION
TRAIL RIDER AWARDS PROGRAM
APPLICATION/RENEWAL FORM
Renewals due January 1st of each year**

Rider: _____

Address: _____

City: _____ ZIP: _____

Phone: (_____) _____

E-Mail: _____

County of Residence: _____

CSHA Membership is REQUIRED either as a CSHA individual member, family member, or as a member of a CSHA club. The membership year is January 1 through December 31 of each year.
***Use CSHA MEMBERSHIP APPLICATION only, to join CSHA or RENEW you CSHA membership.**

I BELONG TO REGION: _____

I am a current member in good standing of the California State Horsemen's Association.
(Please indicate type of membership below.)

As an Individual Family Member
OR/ As an Individual Family Life Member
OR/ As a CSHA Club Member of: _____
(CSHA Club Name)

Age: 17 & Under _____ or 18 & Over _____

Are you a competitive trail rider, e.g. Trail Trials, Endurance, NATRC, etc.? Yes _____ No _____

Original Application \$15.00 _____ or Annual Renewal \$15.00 _____

Signature: _____
Signature of Rider **or** Signature of Parent if Rider is under 18 year of age.

Date: _____ Check #: _____

Program Registration, Rule 2.1.1

The renewal fees will be due and payable on January 1st of each year. Any member that has joined or renewed their TRAP membership after November 1st will be current for the next year.

**PLEASE MAIL APPLICATION WITH FEES PAYABLE TO "CSHA TRAP" TO:
CSHA TRAP Chair, Marie Grisham, 663 El Centro Rd., El Sobrante, CA 94803**

Office Use Only
Date Received: _____ Check Amt: _____ Date entered in QB: _____
GL Acct: _____ Date Membership Verified: _____
Date entered in TRAP Journal _____ Date mailed to State TRAP Chair: _____