



# CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.

PO BOX 1228, Clovis, CA 93613 – 1228

Phone (559) 325 1055 – Fax (559) 325 1056 – Email: [csa@psnw.com](mailto:csa@psnw.com)

## CSHA NEW / RENEWAL MEMBERSHIP APPLICATION

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

Membership year valid thru December 31

\*\*\* 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	\$ _____
_____ Junior ** (17 yrs & under)	\$ 25.00	\$ _____
_____ Senior (18 yrs & over)	\$ 35.00	\$ _____
_____ Family (* see below)	\$ 40.00	\$ _____
_____ Commercial	\$ 50.00	\$ _____
_____ Commercial (web-site Logo link)	\$250.00	\$ _____
_____ Life Commercial	\$500.00	\$ _____
_____ Affiliate (legislative support)	\$ 50.00	\$ _____

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

### PROGRAMS OFFERED

Please check the appropriate program & the State Office will mail you the registration form or you may download from

Web site: [californiastatehorsemen.com](http://californiastatehorsemen.com)

- \_\_\_\_\_ Drill Team \*\*\*
- \_\_\_\_\_ Endurance
- \_\_\_\_\_ English/Western \*\*\*
- \_\_\_\_\_ Equestrian Trails Patrol (ETP) \*\*\*
- \_\_\_\_\_ Gymkhana \*\*\*
- \_\_\_\_\_ Gaited Horse \*\*\*
- \_\_\_\_\_ Horsemastership \*\*\*
- \_\_\_\_\_ Parade Program
- \_\_\_\_\_ Royalty \*\*\*
- \_\_\_\_\_ Trail Riders Award Program (TRAP)
- \_\_\_\_\_ Trail Trials
- \_\_\_\_\_ Stock Competition \*\*\*

\*\*\*These Programs (Contact your Region Chairs)

Only the points earned during the time you are a member count toward program Championships. Any points earned prior to membership do not count towards Championships. Only Life, Senior, Junior, Family and CSHA Club Members in good standing are eligible to participate in CSHA Programs.

**DONATION (Ck made payable to CSHA Charitable Trust)**

- \$ \_\_\_\_\_ Horsemastership Scholarships Jr. \_\_\_\_\_ Sr. \_\_\_\_\_
- \$ \_\_\_\_\_ Royalty Scholarship
- \$ \_\_\_\_\_ SOC Scholarship Eng/West \_\_\_\_\_ Gymk \_\_\_\_\_
- \$ \_\_\_\_\_ UC Davis Veterinary Scholarship
- \$ \_\_\_\_\_ Equine Medical research Fund
- \$ \_\_\_\_\_ Other – Char Trust \_\_\_\_\_
- \$ \_\_\_\_\_ Other – Ck to CSHA \_\_\_\_\_

### OPTIONAL ITEMS:

Bylaws/Rule Book (extra copies)	\$ 18.50	\$ _____
Bylaws/Rule Book in CD	\$ 17.50	\$ _____
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	\$128.00	\$ _____
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 OTHER DONATIONS	\$ _____
<b>TOTAL AMT PAID TO CSHA</b>	<b>\$ _____</b>

TOTAL DONATIONS-Chr Trust \$ \_\_\_\_\_  
TOTAL AMT PAID -CHR TRUST \$ \_\_\_\_\_

How did you hear about C.S.H.A.?  
\_\_\_\_\_

**Are you currently a member of a CSHA Club? Yes or No**

**If yes, Club Name:** \_\_\_\_\_

Your membership is valid thru December 31<sup>st</sup> for the year you are paying for.

**X**

**SIGNATURE - application must be signed**

(If a Junior membership, Parent/Guardian signature requested)

DATE \_\_\_\_\_

**FAMILY MEMBERSHIP: A) Any two persons of the same household and/or their children who are juniors:**

**B) Any two persons of the same household**

**C) Any person and his/her children**

**\*\*WHO ARE JUNIORS: In either A) or C) above; One adult must be the parent or legal guardian of the children who are juniors**

\*\*\*\*\***For Office Use Only**\*\*\*\*\*

Date received \_\_\_\_\_ Postmark \_\_\_\_\_ Member # \_\_\_\_\_

Check# \_\_\_\_\_ Check amt\$ \_\_\_\_\_ GL Acct # \_\_\_\_\_

Entered in QB \_\_\_\_\_ Member Code \_\_\_\_\_ Entered in State Roster \_\_\_\_\_

Entered in Saleables \_\_\_\_\_ Entered in Donations \_\_\_\_\_

Member packet shipped \_\_\_\_\_