



California State Horsemen's Association, Incorporated

1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

PHONE: 209-227-7110 Fax 888-389-0359

Year 20 ____ New Renewal Reactivate

Renewal only - if postmarked after January 31 – subject to additional \$10.00 reinstatement fee

Name				(Primary Adult)	
Family Membership Only: complete Family Members form (see back)					
Address					
Apt. or Unit #		City		State	
Phone #		Fax #		Region #	
Email				County	
Check here if out of state member <input type="checkbox"/>				Check here if legal transfer to Region <input type="checkbox"/>	

MEMBERSHIP TYPES		
Senior (18 years old & over)	\$ 35.00	
Family	\$ 40.00	
Commercial	\$ 50.00	
Commercial; Web-site Link	\$ 250.00	
Reinstatement Fee (see above)	\$ 10.00	

Optional Items		
Bylaws/Rule Book	\$40.00	
Bylaws/Rulebook CD	\$5.00	
Horsemen's Handbook	\$20.00	
West Coast Horse Show Rulebook	\$15.00	
C.S.H.A. Flag	\$204.50	
C.S.H.A. Shoulder Patch	\$2.50	
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	\$ 6.00	
C.S.H.A. Lapel Pin	\$ 8.00	
C.S.H.A. Bumper Sticker	TBD	
Donation to C.S.H.A.		
Shipping & Handling included		
Prices subject to change		

CHARITABLE TRUST DONATIONS		
<i>Please make a separate check to: "CSHA Charitable Trust"</i>		
Horsemastership Scholarship		\$
Junior		\$
Senior		\$
Show of Champions Scholarships		\$
English		\$
Western		\$
Gymkhana		
Royalty Scholarships		\$
UC Davis Veterinary Scholarships		\$
Equine Medical Research Fund		\$
Other – Please indicate below		\$

CSHA is a 501 (c) (3) non-profit organization
 Donations to CSHA may be tax deductible in full or in part.

Membership Dues	\$
Optional Items	\$
Re-Instatement Fee \$10.00	\$
Total Due to C.S.H.A.	\$

The Trust is a 501 (c) (3) non-profit organization
 Donations to the Trust are tax deductible
Charitable Trust TOTAL \$ _____

Signature: _____ **Date:** _____
 Application must be signed by an adult (18 years/over). Youth members must join as part of a Family Membership

Office/Officer/Chairman Use Only		
Region	Officer/Chairman signature	Date
Received in Office	Postmark	
Check #	Deposit date	QB
Member #	Member Packet/Order	Scanned



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Family Members

Member	First Name	Last Name	Gender	Relationship*	DOB
Primary Adult					
Second Adult					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					

* Relationship to Primary Adult

Family Membership Qualifications:

Two or more persons who meet one of the following qualifications may apply for a family membership:

- a) Any two persons of the same household and/or their children who are juniors.
- b) Any two persons who reside in the same household;
- c) Any adult and his/her children/grandchildren who are juniors.
 The adult must be the parent or legal guardian of the children/grandchildren.