



California State Horsemen's Association, Incorporated

P.O. Box 1228, Clovis, CA 93613-1228

Phone: 559-325-1055

Fax: 559-325-1056

NEW if joining CSHA for the FIRST time your membership includes: CSHA Bylaws/Rulebook-CD format and decal

RENEWAL Membership # _____

REINSTATEMENT Renewal if postmarked after January 31 – include additional \$10.00*

Memberships valid January 1st to December 31st

Year of 20 _____

Name		Spouse	
Children			
Address			
Apt. or Unit #	City	State	Zip
Phone #	Fax #	Region #	
Email		County	
Check here if out of state member		Check here if legal transfer to Region	

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	\$35.00		
Bylaws/Rulebook CD	\$10.00		
Horsemen's Handbook	\$14.75		
"Equine Science" for Horsemastership Program	% back to CSHA		Order thru CSHA website/ Amazon.com
West Coast Horse Show Rulebook	TBD		
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	\$ 5.75		
C.S.H.A. Lapel Pin	\$ 8.00		
C.S.H.A. Bumper Sticker	\$ 1.00		
Donation to C.S.H.A.			
Shipping & Handling included			
Prices subject to change			

CHARITABLE TRUST DONATIONS

Please make a separate check to: "CSHA Charitable Trust"

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	\$

The Trust is a 501 (c) (3) non-profit organization

Donations to the Trust are tax deductible

Charitable Trust TOTAL \$ _____

Signature: _____

Date: _____

Application will be signed by Adults 18 years/over

Youth members must join as a Family Membership

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.	\$

Office/Officer/Chairman Use Only

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