



CALIFORNIA STATE HORSEMEN'S ASSOCIATION

1330 W. Robinhood Dr., Suite D

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TRANSFER REQUEST

TO BE COMPLETED BY MEMBER

Name	Member ID #		
Address			
City	State	Zip	
Telephone	()	Alternate Phone ()	
e-mail address	Type of membership*		
County			
Signature			Date:

*Life, Senior, Family

From Region _____ (residence) to Region _____ (transfer)

Briefly state the reason for this request (if more space needed use back of page)

Region of Residence President _____ (print)

- I find the reason valid
- I do not find the reason valid (briefly state the reason)

Signature _____ Date:

Transfer Region President _____ (print)

- I do not have an objection to request
- I have an objection to the request (briefly state the objection)

Signature _____ Date:

Residence Area Vice President _____ (print)

Based on the statements above:

- Transfer Request approved
- Transfer Request denied

Signature _____ Date:

Date Completed Form Received in State Office _____