



California State Horsemen's Association, Incorporated

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

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

csaha@att.net

Year 20 ___ New Renewal Rejoin

Renewal - if postmarked after January 31st is subject to the additional \$10.00 reinstatement fee*

Name (Primary Adult only): Region #
Family Membership: Enter Family Members' information in form on back
Enter the following information if this is a New/Rejoin membership; or if a renewal and the information has changed.
Address Apt. or Unit #
City State Zip
Main Phone Landline Cell Alternate Phone
Email County
Check here if out of state member Check here if legal transfer to Region

Table with 3 columns: MEMBERSHIP TYPES, DUES, and empty. Rows include Senior (18 years old & over) \$ 35.00, Family (complete page 2) \$ 40.00, Commercial \$ 50.00, Commercial; Web-site Link \$ 250.00, Reinstatement Fee (see above)* \$ 10.00, Total (a) //

Youth 17 & under must join as part of a Family Membership

CHARITABLE TRUST DONATIONS
The Trust is a 501 (c) (3) non-profit organization
Donations to the Trust are tax deductible
Program Scholarships Donation
English \$
Western \$
Gymkhana \$
Horsemastership Junior \$
Horsemastership Senior \$
Royalty \$
Trail Trial \$
UC Davis Veterinary Scholarships \$
Equine Medical Research Fund \$
Other - Please indicate below \$
Total (b) \$

Optional Items
Bylaws/Rule Book (complete book) \$35.00
Bylaws/Rule Book (revisions only) \$20.00
Bylaws/Rulebook CD \$5.00
Horseman's Handbook \$25.00
West Coast Horse Show Rulebook \$20.00
C.S.H.A. Flag \$205.00
C.S.H.A. Shoulder Patch \$3.00
C.S.H.A. 3 1/2" Window Decal \$ 3.00
C.S.H.A. 3 1/2" Decal \$ 3.00
C.S.H.A. 9" Trailer Decal \$ 6.00
C.S.H.A. Lapel Pin \$ 8.00
Donation to C.S.H.A.
Total (c) //

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

Table with 3 columns: Item, (a), (b), (c), \$. Rows include Dues (a) \$, Charitable Trust Donation (b) \$, Optional Item(s) (c) \$, Program Registration Fee(s)** \$, Total Due \$

**Program registration form must be included
(Applies to Amateur Card, ETP and Parade only)

Office/Officer/Chairman Use Only
Region Officer/Chairman signature Date
Received in Office Postmark date
Check # Deposit date QB updated
Member # Member Cert mailed 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					

* 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.