California State Horsemen's Association, Incorporated
P.O. Box 1228, Clovis, CA 93613-1228
Phone: 559-325-1055
Fax: 559-325-1056

TRANSFER REQUEST

TO BE COMPLETED BY MEMBER

Name		
Address		
City	State	Zip
Phone Number ( )	Alternate Phone ( )	
E-mail		
Type of Membership*	Club Name**	
Signature	Date	

*Life, Senior, Family or Club ** if you are a member of a CSHA Club enter the name of the club

From Region _____ **or Out-Of-State** _____ **to Region** _____
Current Region **Transfer**

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

Current Region's 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 the request
- ☐ I have an objection to the request (briefly state the objection) _____

Signature Date

Applicable Area Vice President _____ (print)

Based on the statements above:

- ☐ Transfer Request approved
- ☐ Transfer Request denied

Signature Date

Date Completed Form Received in CSHA State Office _____