



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	\$	40.00
Bylaws/Rulebook CD	\$	17.00
Horsemen's Handbook	\$	15.00
West Coast Horse Show Rulebook	\$	10.00
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	\$	1.00
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 will be signed by Adults 18 years/over

Youth members must join as a Family Membership

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