



California State Horsemen's Association, Incorporated

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

Phone: 209-227-7110

Fax: 209-227-7132

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 _____

A California Nonprofit Public Benefit Corporation

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www.californiastatehorsemen.org