



**California State Horsemen's Association, Incorporated**

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**CHANGE OF ADDRESS**

EFFECTIVE DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ REGION \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU A DIRECT MEMBER \_\_\_\_\_ OR A CLUB MEMBER \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

ARE YOU A STATE OFFICER \_\_\_\_\_ OR REGION OFFICER \_\_\_\_\_

TO ENSURE ALL RECORDS ARE UPDATED PLEASE CHECK BELOW WHAT CSHA PROGRAMS YOU ARE CURRENTLY IN:

- \_\_\_\_\_ Amateur Card
- \_\_\_\_\_ Drill Team
- \_\_\_\_\_ Endurance
- \_\_\_\_\_ English/Western
- \_\_\_\_\_ Equestrian Trials Patrol (ETP)
- \_\_\_\_\_ Gymkhana
- \_\_\_\_\_ Gaited Horse
- \_\_\_\_\_ Horsemastership
- \_\_\_\_\_ Judges Commission (Please list type of CSHA Judge) \_\_\_\_\_
- \_\_\_\_\_ Junior Youth
- \_\_\_\_\_ Parade Program
- \_\_\_\_\_ Royalty
- \_\_\_\_\_ State Patrol
- \_\_\_\_\_ Stock Competition
- \_\_\_\_\_ Trail Riders Awards Program (TRAP)
- \_\_\_\_\_ Trail Trials

SIGNATURE \_\_\_\_\_

(Form must be signed)

*****Office Use Only*****	
Date received _____	Postmark _____
Process completed _____	(REV JAN 2017)