



The CALIFORNIA STATE HORSEMEN'S ASSOCIATION, Inc.

PO BOX 1228
CLOVIS, CA 93613

CHANGE OF ADDRESS

EFFECTIVE DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ REGION _____

PHONE _____ FAX _____

EMAIL _____

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 _____	Revised 2/22/07