



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION
PO 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
Telephone	()	Alternate Phone ()	
e-mail address		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 _____ (residence) to Region _____ (transfer)
Briefly state the reason for this request (if more space needed use back of page)

Region of Residence 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 request
- I have an objection to the request (briefly state the objection)

Signature _____ Date: _____

Residence Area Vice President _____ (print)

- Based on the statements above:
- Transfer Request approved
 - Transfer Request denied

Signature _____ Date: _____

Date Completed Form Received in State Office _____