



California State Horsemen's Association Endurance Program

PO Box 1228, Clovis, CA 93613-1228
Phone (559) 325-1055 Fax (559) 325-1056 Email: csa@psnw.com

REGISTRATION

NAME: _____ SPOUSE _____

CHILDREN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____ REGION: _____

EMAIL: _____

COUNTY: _____

CSHA MEMBERSHIP is REQUIRED either as a CSHA direct member (family, senior or junior) or as a member of a CSHA Club. CSHA membership year is January 1 to December 31 of each year.
*Use CSHA MEMBERSHIP APPLICATION only, to join CSHA or RENEW your CSHA Membership.

TYPE OF CSHA MEMBERSHIP

____ Club membership, Name of Club _____

____ Senior or Junior ____

____ Family Endurance Dues (\$20.00/Yr) husband, wife & Junior members

____ Single Endurance Dues Per Horse(\$12.50/yr)

NAME _____ Wt Div _____ DOB (Jr) _____

NAME _____ Wt Div _____ DOB (Jr) _____

NAME _____ Wt Div _____ DOB (Jr) _____

NAME _____ Wt Div _____ DOB (Jr) _____

NAME OF HORSE(s) _____

(for each rider) write on back if need more room

AMOUNT ENCLOSED \$ _____

*FAMILY MEMBERSHIP: A) Any two persons of the same household and/ or their children who are juniors:

B) Any two persons of the same household:

C) Any person and his/her children.

*WHO ARE JUNIORS: In either a) or c), above:

One adult must be the parent or legal guardian of the Children who are junior.

Signature of applicant required

Date of Application

Please complete and return the application with the appropriate fees to:

**California State Horsemen's Association
State Office at the above address**

FOR OFFICE USE ONLY:

Date received _____ Entered in QB _____ Chk# _____

Check amount \$ _____ GL Acct _____

Date Membership verified _____ Comments _____

Mailed to State Program Chair _____ Entered in Program Roster _____

Entered in Endurance Roster _____ Revised 8/15/05