

2008 California State Horsemen's Association, Inc.

Endurance Program

PO Box 1228, Clovis, CA 93613-1228

Phone (559) 325-1055 Fax (559) 325-1056 Email: csha@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 \_\_\_\_\_

Type of Club Membership circle one: Senior / Junior / Family

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

1st horse is included per member, additional horse is \$12.50 each per member

\_\_\_\_\_ Senior or Junior Endurance Dues Per Horse(\$12.50/yr)

1st horse is included additional horse is \$12.50 each per member

NAME:

Rider \_\_\_\_\_ Wt Div \_\_\_\_\_ DOB(Jr) \_\_\_\_\_

Horse \_\_\_\_\_

Rider \_\_\_\_\_ Wt Div \_\_\_\_\_ DOB(Jr) \_\_\_\_\_

Horse \_\_\_\_\_

Rider \_\_\_\_\_ Wt Div \_\_\_\_\_ DOB(Jr) \_\_\_\_\_

Horse \_\_\_\_\_

Rider \_\_\_\_\_ Wt Div \_\_\_\_\_ DOB(Jr) \_\_\_\_\_

Horse \_\_\_\_\_

Rider \_\_\_\_\_ Wt Div \_\_\_\_\_ DOB(Jr) \_\_\_\_\_

Horse \_\_\_\_\_

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 \_\_\_\_\_ 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 1/24/07