

2012 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@att.net

REGISTRATION

NAME: \_\_\_\_\_ SPOUSE \_\_\_\_\_
CHILDREN: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY, STATE, ZIP: \_\_\_\_\_
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ REGION: \_\_\_\_\_
EMAIL: \_\_\_\_\_
COUNTY: \_\_\_\_\_

CURRENT CSHA MEMBERSHIP REQUIRED either as a CSHA direct member (family, senior or junior) or as a member of a CSHA Club.

TYPE OF CSHA MEMBERSHIP \_\_\_ Individual \_\_\_ Club membership

Club Name Type of membership circle one: Senior / Junior / Family

\_\_\_ Family CSHA Endurance Dues (\$20.00/Yr) husband, wife & junior members
1st horse is included per member, additional horse is \$12.50 each per member
\_\_\_ Individual or Junior Dues Per Horse(\$12.50/yr)
1st horse is included additional horse is \$12.50 each per member

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 \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Make check payable to C.S.H.A. and return to the state office at 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 \_\_\_\_\_