



**California State Horsemen's Association, Incorporated**  
 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207  
 Phone: 209-227-7110 Fax 888-389-0359  
 csha@att.net www.californiastatehorsemen.org

Year 20 \_\_\_\_\_ ☐ New ☐ Renewal ☐ Rejoin

**Renewal - if postmarked after January 31st is subject to the additional \$10.00 reinstatement fee\***

<b>Name (Primary Adult only):</b>		<b>Region #</b>	
<b>Family Membership: Enter Family Members' information in form on back //////////////////////////////////////</b>			
<b>Enter the following information if this is a New/Rejoin membership; or if a renewal and the information has changed.</b>			
<b>Address</b>			<b>Apt. or Unit #</b>
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Main Phone</b>	<input type="checkbox"/> Landline <input type="checkbox"/> Cell	<b>Alternate Phone</b>	
<b>Email</b>		<b>County</b>	
Youth 17 & under must join as part of a Family Membership		<input type="checkbox"/> Check here if legal transfer from Region	

MEMBERSHIP TYPES	DUES	
Senior (18 years old & over)	\$ 35.00	
Family (complete page 2)	\$ 40.00	
Commercial	\$ 50.00	
Commercial; Web-site Link	\$ 250.00	
Reinstatement Fee (see above)*	\$ 10.00	
<b>Total (a)</b>	////////////////////////////////	

**CHARITABLE TRUST DONATIONS**

The Trust is a 501 (c) ( 3 ) non-profit organization  
 Donations to the Trust are tax deductible

Program Scholarships	Donation
English	\$
Western	\$
Gymkhana	\$
Horsemastership Junior	\$
Judy Meeks EEAF*	\$
Royalty	\$
Trail Trial	\$
UC Davis Veterinary Scholarships	\$
Equine Medical Research Fund	\$
Other – Please indicate below	\$
<b>Total (b)</b>	<b>\$</b>

\*Emergency Equine Assistance Fund

Optional Items		
Bylaws/Rule Book (complete book)	\$35.00	
Bylaws/Rule Book (revisions only)	\$20.00	
Horseman's Handbook	\$30.00	
West Coast Horse Show Rulebook	\$35.00	
C.S.H.A. Flag	\$400.00	
C.S.H.A. Shoulder Patch	\$3.00	
C.S.H.A. 3 1/2 " Window Decal	\$ 3.00	
C.S.H.A. 3 1/2 " Decal	\$ 3.00	
C.S.H.A. 9" Trailer Decal	\$ 6.00	
C.S.H.A. Lapel Pin	\$ 8.00	
Donation to C.S.H.A.		
<b>Total (c)</b>	////////	

CSHA is a 501 (c) ( 3 ) non-profit organization  
 Donations to CSHA may be tax deductible in full or in part.

<b>Dues (a)</b>	<b>\$</b>
<b>Charitable Trust Donation (b)</b>	<b>\$</b>
<b>Optional Item(s) (c)</b>	<b>\$</b>
<b>Program Registration Fee(s)**</b>	<b>\$</b>
<b>Total Due</b>	<b>\$</b>

\*\*Program registration form must be included  
 (Applies to Amateur Card, ETP and Parade only)

Office/Officer/Chairman Use Only		
Region	Officer/Chairman signature	Date
Received in Office	Postmark date	
Check #	Deposit date	QB updated
Member #	Member Cert mailed	Scanned

Mail check or money order for payment in full to address above – Credit Cards and EFT are not accepted

(revised 1/2026)



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### Family Members

Member	First Name	Last Name	Gender	Relationship*	DOB
Primary Adult				self	
Second Adult					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					

\* Relationship to Primary Adult

#### Family Membership Qualifications:

Two or more persons who meet one of the following qualifications may apply for a family membership:

- a) Any two persons of the same household and/or their children who are juniors.
- b) Any two persons who reside in the same household;
- c) Any adult and his/her children/grandchildren who are juniors.

The adult must be the parent or legal guardian of the children/grandchildren.