



Colorado Stock Horse Association



2019 Membership Application

Happy Trails for the 2019 Show Season!

Checks payable to:
CSHA

Please mail Membership
Application with payment to:
CSHA

c/o Pamela Himes
15351 W. 76th Drive
Arvada, CO 80007

720-560-3646

Individual Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Text ok? Yes No

E-Mail _____

Type of Membership:

Individual \$15.00 _____

Family (husband/wife and all children 18 and under) \$25.00 _____

Would you like to be a sponsor? How much? \$ _____

Total Due: \$ _____

List all member's names below:

Youth Member Name _____	DOB _____	13 & Under <input type="checkbox"/>	14-18 <input type="checkbox"/>
Youth Member Name _____	DOB _____	13 & Under <input type="checkbox"/>	14-18 <input type="checkbox"/>
Youth Member Name _____	DOB _____	13 & Under <input type="checkbox"/>	14-18 <input type="checkbox"/>
Adult Member Name _____	DOB _____		
Adult Member Name _____	DOB _____		

FOR OFFICE USE ONLY
Date Received: _____
Check Number: _____
Check Amount: _____



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