



# Colorado Stock Horse Association



## 2026 Membership Application

Happy Trails for the 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  
(Call or Text)

**Individual Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Text OK?** Yes No

**E-Mail** \_\_\_\_\_

**Type of Membership:**

Individual \$20.00 \_\_\_\_\_

Family *(husband/wife and all children 18 and under)* \$35.00 \_\_\_\_\_

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	_____				

<b>OFFICE USE ONLY</b>	
Date Received:	_____
Check Number:	_____
Check Amount:	_____

**COMMENTS and/or SUGGESTIONS:**