



Colorado Stock Horse Association



2025 Membership Application

Happy Trails for the 2025 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				
_____	_____				

OFFICE USE ONLY

Date Received: _____

Check Number: _____

Check Amount: _____

COMMENTS and/or SUGGESTIONS: