



# Colorado Stock Horse Association



## 2024 Membership Application

Happy Trails for the 2024 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:**