



# Colorado Stock Horse Association



## 2020 Membership Application

Happy Trails for the 2020 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 _____		

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



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