

CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

Amateur Card Application

MAIL WITH PAYMENT OF \$20 TO: CSHA, 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

Applicant must provide references from three individuals who can personally attest to applicant's qualification as an amateur based on the definition below. All Amateur Cards expire on December 31 of the year issued.

Applicant:		Year of Application:
Address:		City:Zip:
Telephone: ()	Email:	Region:
Membership Type: [] S	enior [] Family [] Life [] Club Nan	ne of Club:
CSHA DEFINITION OF	AMATEUR as reprinted from the West O	Coast Horse Show Rule Book, Section 1.4:
or indirectly for the previ Exhibitor must have proo	City:Zip:	
11 Rv mv signatura holow Latte	et that I have read the definition of AMATELIA write	ton above and that to the best of my knowledge the above named annicant
Name of party:	Ph#	Email
Address:		
I have known the applicant for	years and have personal knowledge of h	his/her equestrian activities.
Signature:		Dated:
2] By my signature below I atte	st that I have read the definition of AMATEUR write	ten above and that to the best of my knowledge the above named applicant
	that the information provided by me below is true an	nd correct.
is an Amateur. I further attest	that the information provided by the below is true ar	
	• •	Email
Name of party:	• •	<u>Email</u>
Name of party:Address:	Ph#	<u>Email</u>
Name of party:	Ph#	Emailhis/her equestrian activities.
Name of party:		his/her equestrian activities. Dated:
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Name of party:	years and have personal knowledge of he years and have personal knowledge of he st that I have read the definition of AMATEUR write that the information provided by me below is true and he will be a personal knowledge of he years and have personal knowledge of he years and he	Emailhis/her equestrian activities.
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