



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.

Amateur Card Application

MAIL WITH PAYMENT OF \$20 TO: CSHA P. O. Box 1228 Clovis, CA 93613

Applicant must provide references from three individuals who can personally attest to applicants 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: \_\_\_\_\_

Applicant must be a current member in good standing of California State Horsemen's Association, Inc. at the time of application for amateur status (use the CSHA membership application to join or renew membership)

Membership Type: [ ] Senior [ ] Family [ ] Life [ ] Club Name of Club: \_\_\_\_\_

CSHA DEFINITION OF AMATEUR as reprinted from the West Coast Horse Show Rule Book.

ANY PERSON WHO HAS REACHED HIS/HER EIGHTEENTH BIRTHDAY AND HAS NOT RECEIVED REMUNERATION, MONETARY OR OTHERWISE, FOR TRAINING, SHOWING, RIDING, LONGING, GROOMING, OR INSTRUCTING OR SHOWN, TRAINED, OR ASSISTED IN THE TRAINING OF A HORSE FOR WHICH AN IMMEDIATE FAMILY MEMBER ACCEPTS REMUNERATION, MONETARY OR OTHERWISE. EVERY ADULT (SEE DEFINITION OF AGE) COMPETING IN AN AMATEUR CLASS MUST POSSESS A CURRENT AMATEUR CARD FROM CSHA OR A RECOGNIZED EQUINE ORGANIZATION.

1] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

2] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

3] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

I ATTEST THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT I QAUALIFY AS AN AMATEUR AS DEFINED BY THE WEST COAST HORSE SHOW RULES AND PRINTED ABOVE.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

For Office Use Only

OFFICE: Received: \_\_\_\_\_ Check # & Amount \_\_\_\_\_ G/L Acct: \_\_\_\_\_ Member # \_\_\_\_\_ Membership year: \_\_\_\_\_

CHAIR: Approved: \_\_\_\_\_ Card Issued: # \_\_\_\_\_ Card Mailed: \_\_\_\_\_ Region Chair Notified: \_\_\_\_\_