



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION  
TRAIL RIDER AWARDS PROGRAM  
APPLICATION/RENEWAL FORM  
Renewals due January 1<sup>st</sup> of each year**

Rider: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**CSHA Membership is REQUIRED** either as a CSHA individual member, family member, or as a member of a CSHA club. TRAP membership year is January 1 through December 31 of each year. **Program registration and/or application acceptance subject to active CSHA membership verification. No points/hours will accrue prior to activation of membership.**

*\*Use CSHA MEMBERSHIP APPLICATION only, to join CSHA or RENEW you CSHA membership.*

**I BELONG TO REGION:** \_\_\_\_\_

I am a current member in good standing of the California State Horsemen's Association.  
(Please indicate type of membership below.)

As CSHA Direct Member:  Individual  Family Member  Life Member

**OR/** As a CSHA Club Member of: \_\_\_\_\_

(CSHA Club Name)

Age: 17 & Under \_\_\_\_\_ or 18 & Over \_\_\_\_\_

Are you a competitive trail rider, e.g. Trail Trials, Endurance, NATRC, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Original Application \$15.00 \_\_\_\_\_ or Annual Renewal \$15.00 \_\_\_\_\_

\*TRAP Newsletter \$10.00 \_\_\_\_\_ \*If you **do not** have an e-mail address, and wish to receive a paper copy of the TRAP newsletter, please include an additional \$10.00 to cover the cost of copies and postage.

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

Signature of Rider or Signature of Parent if Rider is under 18 year of age.

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

**Program Registration, Rule 2.1.1**

The renewal fees will be due and payable on January 1<sup>st</sup> of each year. Any member that has joined or renewed their TRAP membership after November 1<sup>st</sup> will be current for the next year.

**PLEASE MAIL APPLICATION WITH FEES PAYABLE TO "CSHA TRAP" TO:  
CSHA TRAP Chair, Marie Grisham, 663 El Centro Rd., El Sobrante, CA 94803**

For Office Use Only:  
Date CSHA  
membership verified.