



Canadian Sport Horse Association
Box 970, Richmond, Ontario, K0A 2Z0
Tel: 613-686-6161 • Fax: 613-686-6170

Membership Application

PRINT CLEARLY

Name:

Address:.....

City:..... Postal Code:.....

Telephone: () Fax: ()

E-mail:

Please Check: Owner Breeder

I,/We, do hereby apply for: (Annual, Associate, Junior or Life) Membership in the
CANADIAN SPORT HORSE ASSOCIATION and agree to conform to the Constitution of CSHA.

Date of Birth for Junior

For joint membership – please indicate voting member

For junior membership - signature of parent or guardian required.....

Signature(s) must be in ink. Membership is to be held by person(s) whose name the horse(s) will be registered .

For credit card payments:

Card number: _____

Expiry Date: _____

Name of card holder: _____

Signature: _____