



California State Horsemen's Association

Equestrian Trails Patrol Program



Equestrian Trail Patrol Membership Renewal Form

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____, CA. ZIP: _____

REGION: _____ BADGE NUMBER: _____

In order to participate in the Equestrian Trail Patrol Program, you must be a current member of the California State Horsemen's Association (CSHA). **CSHA membership is REQUIRED** as a CSHA direct member.

The CSHA Membership year is January 1 to December 31 of each year.

Use CSHA MEMBERSHIP APPLICATION only to join CSHA or to renew your CSHA Membership.

If you are also a Member of a CSHA Club, in good standing, please check here: _____

Please give full Name of Club: _____

If you are a CSHA LIFE MEMBER please check here: _____.

Please provide the following information about yourself (This information is necessary for issuance of your ETP Identification card): **Head and shoulder (passport type) photograph of yourself in uniform**, if not already submitted.

Date of Birth _____ Height _____ Weight _____ Hair Color _____
Eye Color _____ Blood Type _____ RH _____

The current ETP Yearly Renewal fee is \$15.00 per year.

Renewal after May 1 is \$18.00 per year.

OFFICE USE ONLY

Date received _____ Postmarked _____ Member# _____

Check# _____ Check amt\$ _____

GL # _____ QB _____

Membership verified _____ Entered in Program roster _____

Received from State or Region Chair (circle) Mailed or faxed to Program Chair _____