

CONNECTICUT HORSE SHOWS ASSOCIATION

Year 2023 (The CHSA show year begins December 1)



New membership applications and renewals will become active on the date complete information and payment of correct fees are received at the CHSA office. All memberships (with the exception of Lifetime) expire on November 30. In order to accumulate points, all riders must compete under the name registered with CHSA. **ALL FIELDS MUST BE FILLED IN FOR APPLICATION TO BE PROCESSED. PLEASE PRINT.**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

TELEPHONE: _____ CELL: _____

TRAINER: _____

MEMBERSHIPS CANNOT BE ACTIVATED WITHOUT SIGNATURE. JUNIOR MEMBERSHIPS MUST INCLUDE BIRTHDATE and BE SIGNED BY PARENT OR GUARDIAN:

X _____

By signing this application, I / we agree to abide by the constitution, rules and by-laws of CHSA. Where applicable, I also declare that I am an Amateur in accordance with USEF Amateur Status and have not engaged in any activities cited under the Amateur Rule which would make me a professional.

JUNIOR: _____ DOB: Month _____ Day _____ Year _____

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I AM :
____ a Trainer OR
____ Other EQ
____ Professional
____ FAMILY \$50
____ ADULT \$35
____ JUNIOR* \$35
LIFETIME
____ INDIVIDUAL \$225
(Adult only)
(Junior memberships cannot be activated without date of birth.)
*under 18 as of 12/1 of show season

CHSA HORSE / PONY RECORDING APPLICATION

Owner/Lessee of the horse / pony must be an active member of CHSA. In order to accumulate points, all horses must compete under the name registered with CHSA.

ALL FIELDS MUST BE FILLED IN FOR APPLICATION TO BE PROCESSED. PLEASE PRINT.

NAME OF HORSE / PONY _____ Size (if pony) _____ \$20 ANNUALLY _____
\$100 LIFETIME _____

NAME OF HORSE / PONY _____ Size (if pony) _____ \$20 ANNUALLY _____
\$100 LIFETIME _____

Owner name _____ Lessee name _____

SIGNATURE OF OWNER / LESSEE: _____

By signing this application, I / we agree to abide by the constitution, rules and by-laws of CHSA.

ARE YOU INTERESTED IN QUALIFYING AND ATTENDING CHSA FINALS ? Yes _____ No _____

PLEASE CONSIDER A CONTRIBUTION TO THE CHSA SCHOLARSHIP FUND

GOLD \$100 and over _____ SILVER \$50-\$99 _____ BRONZE \$25-\$49 _____ PATRON Under \$25 _____

Please mail completed application to CHSA Membership, 125 Valentine Rd, Pomfret Center, CT 06259.
Application may also be electronically submitted online at chsaonline.com.
Application may also be handed to the secretary at any CHSA affiliated show.