

## **Southern California Horse Show Association**

AN AFFILIATE OF THE UNITED STATES HUNTER JUMPER ASSOCIATION

## **2025 Membership Application and Renewal**

NAME:		SCHSA:			
ADDRESS:		CITY:			
STATE: ZIP:		PHONE:			
EMAIL:		DOB:			
NAME OF TRAINER:					
PROFESSIONAL	registration  SCHSA newslett	HORSE (additional) LIFE HORSE  First horse FREE with er emails, website link on	Annual Memb website. NOTE: TE IN MEDAL &	pership Include a contact nam	
HORSE NAME:			TIP#	<b>#</b> :	
OWNER/LESSEE NAME:			SCHSA#:		
COLOR: AGE: _	BREEI	D:	SEX:	HEIGHT:	
CARD NUMBER:			_ SECURITY C	ODE:	
EXPIRATION DATE:	BILL	ING ZIP:		-	
NAME ON CARD:	SIGNATURE:				
PHONE NUMBER OF CARD HOLDER:					
TOTAL PAYMENT: \$	_ Check enclo		rd informatio		