



COLORADO HUNTER JUMPER ASSOCIATION MEMBERSHIP AND HORSE RECORDING

PLEASE FILL OUT COMPLETELY AND LEGIBLY

CHJA# _____ or NEW
USEF# _____ IF NONE, N/A
USHJA# _____ If NONE, N/A

Do not use N/A or NEW if you don't know your number. Leave it blank. You will end up with multiple numbers and your points will be wrong.

LAST: _____ FIRST: _____ MI: _____

ADDRESS : _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

(The CHJA email list is not sold or shared. Important updates and the newsletter are emailed.)

DATE OF BIRTH: _____

TRAINER: _____

MEMBER TYPES-CHECK ONE

- ____ Amateur (adult or junior)
- ____ Professional
- ____ Stable/Business
- ____ Outreach

CHECK ONE

- ____ Annual (\$60)
- ____ Life (\$400)
- ____ Outreach (\$35)

Your rulebook is downloadable at www.chja.org. If you want a printed copy please check below and add \$15.00.

____ PRINTED RULE BOOK \$15.00

SIGNATURES REQUIRED

I hereby agree to abide by CHJA's Bylaws, Rules and Specifications

____ DATE: _____

Member or Parent/Guardian if minor

CHJA Amateur Certification-All ADULT, non-professionals must sign

As an amateur exhibitor, I understand that any adult who is advertised as a trainer or instructor for horse show purposes; or who regularly acts as a trainer, assistant trainer, and/or instructor for horse show purposes; or who otherwise conducts himself/herself as a professional for horse show purposes; whether or not he/she receives remuneration; is ineligible to ride in any CHJA Group 2 or Group 3 classes which are limited to amateur or beginner riders and is ineligible to ride in any CHJA Medals. An individual who is in possession of a USEF Amateur Card rides under the respective National Federation rules at all CHJA approved shows. I further understand that if I am found to be in violation of my CHJA amateur eligibility, I am subject to the sanctions listed in Rule 5.3 of the CHJA Rules.

Signed: _____ Date: _____

HORSE RECORDING YEARLY \$40/\$135 FOR LIFE

(leave CHJA# blank if you don't know the number, or write NEW if this horse has NEVER been registered with CHJA)

HORSE NAME: _____

CHJA#: _____ Life or Annual (circle one)

USEF#: _____ FOALED: _____

SEX: _____ COLOR: _____ HANDS: _____

OWNER NAME IF DIFFERENT: _____

HORSE NAME: _____

CHJA#: _____ Life or Annual (circle one)

USEF#: _____ FOALED: _____

SEX: _____ COLOR: _____ HANDS: _____

OWNER NAME IF DIFFERENT: _____

HORSE NAME: _____

CHJA#: _____ Life or Annual (circle one)

USEF#: _____ FOALED: _____

SEX: _____ COLOR: _____ HANDS: _____

OWNER NAME IF DIFFERENT: _____

CHANGE FOR A LIFE RECORDED HORSE \$10.00

OLD NAME: _____

NEW NAME: _____

OLD OWNER: _____

NEW OWNER: _____

MAKE CHECKS PAYABLE TO CHJA and MAIL TO:

Kirsten Turner For info call:
5780 Backbarn Drive (303) 243-2750
Castle Rock, CO 80108