

COLORADO HUNTER JUMPER ASSOCIATION

2015 MEMBERSHIP & HORSE RECORDING

PLEASE FILL OUT COMPLETELY AND LEGIBLY!

CHJA # _____ if NONE, N/A

USEF # _____ IF NONE, N/A

USHJA # _____ IF NONE, N/A

Do not use N/A 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 _____

DATE OF BIRTH _____ AGE AS OF 12/1/14 _____

TRAINER _____

MEMBER TYPES-CHECK ONE

_____ ADULT \$50.00/\$350 FOR LIFE – sign Amateur statement

_____ JUNIOR \$40.00/\$350 FOR LIFE

_____ PROFESSIONAL \$50.00/\$350 LIFE

_____ STABLE/BUSINESS \$50/\$350 LIFE

_____ FAMILY MEMBERSHIP \$100.00 (List below)

(Family Memberships consist of parents and minor children. List below)

NAME _____ CHJA # _____

DATE OF BIRTH _____

AGE AS OF DEC. 1, 2014 _____

Use the back of the form if more space is needed.

You may download a current rule book at www.chja.org. If you want a printed copy please check below and add \$5.00.

_____ PRINTED RULE BOOK \$5.00

SIGNATURES REQUIRED

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

DATE: _____

Member or Parent/Guardian if minor

CHECK ONE:

_____ I would like to be included on CHJA's email list. Newsletter will be emailed.

_____ I am not on the email list and would therefore like my newsletter mailed.

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 \$30.00/\$100 FOR LIFE

HORSE NAME _____

USEF # _____ AGE _____ SEX _____

COLOR _____ HEIGHT _____

OWNER NAME IF DIFFERENT _____

HORSE NAME _____

USEF # _____ AGE _____ SEX _____

COLOR _____ HEIGHT _____

OWNER NAME IF DIFFERENT _____

HORSE NAME _____

USEF # _____ AGE _____ SEX _____

COLOR _____ HEIGHT _____

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:

Carole A. Kenney, 213 Birch Ave, Castle Rock, CO 80104

For info call: 303-910-9410