



Canadian Sport Horse Association

PO Box 707, Alexandria, ON K0C 1A0

E-mail: csha@canadian-sport-horse.org / Web-site: www.c-s-h-a.org

**Memberships can also be processed Online through our registrar
the Canadian Livestock Records Corp at www.clrc.ca, click the Online Services Tab**

2026 MEMBERSHIP _____ **NEW** _____ **RENEWAL** _____ **CSHA ID#** _____

Name: _____

Address: _____

City _____ Province: _____ Postal Code: _____

Phone : _____ Email: _____

I/We, do hereby apply for Membership in the Canadian Sport Horse Association & agree to conform to the Constitution of the CSHA.

Signature _____ Date: _____

JointMembership:Please indicate voting member: _____

Junior Membership – Date of Birth: _____ Signature of parent or guardian _____

E-NEWSLETTERS:** In order to comply with the Canadian Anti Spam Legislation, we need to know if you would like to continue receiving email communications from us. **We ask that you reconfirm your email subscription.** By confirming your subscription you're granting Canadian Sport Horse Association permission to email you. You can revoke permission at any time using the Safe Unsubscribe link found at the bottom of every email. **We appreciate your business and value you as an email subscriber.

Yes _____ please send me E-Newsletters. No thank you _____

Membership Year – January 1 – December 31		√
2026 Annual Membership (voting privileges, member rates for registrations, transfers etc, CSHA publications)	\$100.00	
2026 Associate Membership (CSHA publications)	\$45.00	
2026 Youth Membership (CSHA publications)	\$4500	
2026 Life Membership (all privileges of Annual member) 10 x Annual rate	\$1000.00	
Please add applicable Provincial GST or HST plus 3% additional fee for credit card transactions		
TOTAL		

Payment can be made by Cheque, VISA, Mastercard or E-Transfer.

Cheques: Please make payable to “**Canadian Sport Horse Association**”

E-Transfer: to csha@canadian-sport-horse.org / Credit Cards: Please complete the following

CREDIT CARD AUTHORIZATION (please fax or mail to the CSHA office)

CARD # _____ EXPIRY DATE _____ 3 digit CVN _____

Name of Cardholder _____ Signature _____