



CPHA 10153 1/2 Riverside Dr. Suite 390 Toluca Lake, CA 91602

MEMBERSHIP & REGISTRATION FORM 2019

In order to compete in all CPHA Medal Classes: Both Rider and Trainer must be current CPHA members prior to competing in the class. For the Green Incentive classes horses must be registered with the CPHA and the rider and owner must be a CPHA Member. Complete specifications for the CPHA medal classes are detailed on the CPHA website at www.cpha.org.

Although point standings are listed on the CPHA website, ultimately it is the rider's responsibility to keep track of his/her qualifying points. If you have questions, please contact the CPHA office at (818) 955-9500 or e-mail us: info@cpha.org.

Junior & Amateur Registration Annual Fee: \$60.00

Name: _____ Junior ___ Amateur ___ H-2B Visa ___ Contributing ___

Address: _____ New _____ Renewal _____

City: _____ State: _____ Zip Code: _____

Contact Number: (____) _____ Email _____

Trainer: _____ Junior Birthdate: _____

Professional Membership Annual Fee: \$130.00

Name: _____ Renewal #: _____ Occupation: _____

Address: _____ Professional ___ Trainer ___ H2-B Visa ___

City: _____ State: _____ Zip Code: _____

Contact Number: (____) _____ E mail _____

Name of Beneficiary: _____ Relationship: _____

Address of Beneficiary: _____

CPHA West Coast Green Hunter Incentive Program

ANNUAL HORSE FEE: \$50.00 **Name of Horse:** _____

**To compete in the Green Hunter Incentive Program all horses must be registered and all owners and riders must be CPHA members to enroll into the program. Please see Green Hunter Incentive Enrollment Form and Specifications on our website at www.cpha.org.

** This is the only requirement to register a horse.

Please make payment to CPHA. Credit card's accepted. ** Credit card # _____

CVV# _____ Zip Code: _____ Expiration Date: _____

Amount to be charged: _____ Authorized Signature: _____

****\$5.00 convenience fee for credit card Payment** (per person) Please only one person per application.

OFFICE USE ONLY: ck. # _____ *CC# _____ Amount: _____ Date Received: _____