

**MEMBERSHIP & REGISTRATION FORM 2025**  
(You may also register online via the website with a credit card)

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, owner and trainer must be a CPHA Member. Complete specifications for the CPHA medal classes are detailed on the CPHA website at [www.cpha.org](http://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](mailto:info@cpha.org).

**Junior & Amateur Registration Annual Fee: \$75.00**

Name: \_\_\_\_\_ Junior \_\_\_\_ Amateur \_\_\_\_ H-2B Visa \_\_\_\_ Contributing \_\_\_\_

Address: \_\_\_\_\_ New \_\_\_\_ Renewal # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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, riders and trainers 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](http://www.cpha.org).**

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

Please make payment to CPHA. Credit cards 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: \_\_\_\_\_