



California High School Rodeo Association

2017-2018 MEMBERSHIP APPLICATION

website: www.chsra.com

Please Print Legibly Do Not Use Pencil.

DISTRICT # 9

NAME: _____

MAILING ADDRESS: _____ COUNTY: _____

PHYSICAL ADDRESS: (if different from above) _____

CITY/STATE/ZIP: _____ M() F()

HOME TELEPHONE: () _____ PARENT CELL PHONE #: () _____

DATE OF BIRTH: _____ AGE: _____ PARENT EMAIL ADDRESS: _____

Are you a returning High School NHSRA member? YES NO

I hereby certify that I am enrolled in _____ High School, Currently in Grade: 9 10 11 12 (circle one)

If any information is found to be false on this application or entry forms, your membership is automatically terminated and your dues, points, and point standings forfeited.

Date _____ Signature of Student: _____

Date _____ Signature of Parent/Guardian: _____

2017-2018 FEES: \$ 165.00 (National Dues & Fees, State Dues and Fees)

CERTIFICATION OF ELIGIBILITY (to be filled in by school)

I do certify that this student meets grade and conduct qualifications of the California High School Rodeo Association Standards. (has both a 2.0 as of latest grading period (minimum 5 week) and at least 4 passing subject grades or if less than 4 subjects, must be passing in all with a 2.0 GPA)

_____ is enrolled in _____
(Student Name) (High School Name)

County of _____ and as of the last grading period the following applies:

Please mark one of the following that applies to above student:

- [] 2.0 GPA or better as of last grading period and 4 passing grades
[] Has 4 passing grades, (May join now but must earn 2.0 or better on next grading period to participate in Rodeo's)

(Signature of Principal or Counselor, Registrar) (Position or Title and Tel #) (School Seal)

- UPLOAD TO YOUR NHSRA PROFILE:
• FRONT AND BACK OF NHSRA APPLICATION
• CALIFORNIA MEMBERSHIP APPLICATION
• MOST RECENT REPORT CARD
• NEW MEMBERS INCLUDE BIRTH CERTIFICATE.

ALL PAPERWORK MUST BE COMPLETED BEFORE YOU ARE ELIGIBLE TO RODEO IN THE 2017-2018 SEASON. Please send copy of the California Membership form and payment to your District Secretary:

Membership Secretary Name: BARBIE SNOWDEN
ADDRESS: 5042 258th St. West
CITY, STATE, ZIP LANCASTER CA 93536
PHONE NUMBER 661-305-9947