

2026 CPHC MEMBERSHIP APPLICATION

(MUST be Renewed Annually)

Please ensure all data is complete/clear and precise including email address

Note: All show Managers, Coaches & Trainers must be members of the CPHC

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/work/cell) _____

Email (parent for junior member): _____

Membership Type: **PICK ONE**

Family (\$60.00) Note: 3 or more people

Individual (\$30.00 Junior Senior Coach/Trainer Show Mgr.)

Scholarship Donation (Amount \$ _____)

All *Junior* Riders: Please list name and date of birth.

NAME _____ DOB _____

NAME _____ DOB _____

Family Memberships: Please list all family participants by full name (at least 3 for family)

NAME _____ NAME _____

NAME _____ NAME _____

All Members: Please list any equines currently listed with the CPHC.

***Coach/Trainer Year-End Award: Enter your Coaches Name: _____

Please make sure the above information is complete and correct.

Check/cash must accompany this form.

Note: ALL RIDERS AND HORSES MUST BE MEMBERS FOR POINTS TO COUNT TOWARD YEAR END AWARDS. Thank you.

Official Use Only: Check # _____ \$ _____ Cash _____ \$ _____

DATE RECEIVED: _____ M# _____ H# _____

Send Application to (Check payable to CPHC):

Sharon Jodon

2925 Halfmoon Valley Road Port Matilda, PA 16870

Phone 814-360-9116