

Fill out and return to:

CSMA

17865 64 3/10 Rd.
Collbran, CO. 81624

CSMA MEMBER APPLICATION



Be sure to include you \$50.00 membership fee.

NAME _____ DATE _____

BUSINESS NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____ WEB _____

BRIEFLY DESCRIBE YOUR INTEREST IN CSMA

(i.e. saddlemaker, leatherworker, retail saddle dealer, saddle collector, silversmith etc.)

FOR SADDLEMAKER MEMBERS COMPLETE THE FOLLOWING:

YEAR ESTABLISHED _____ YEARS AT PRESENT LOCATION _____

TRAINING _____

YEARS IN SADDLERY TRADE _____

SELF EMPLOYED _____ EMPLOYED BY _____

SELL: RETAIL _____ WHOLESALE _____ CONSIGNMENT _____ CONTRACT _____

SELL BY: STORE FRONT _____ PRIVATE SHOP _____ MAIL ORDER _____

DOMESTIC _____ INTERNATIONAL _____

LITERATURE: BROCHURE _____ CATALOG _____ VIDEO _____

OTHER _____

List areas of expertise that you feel confident in helping others with or giving presentations at workshops/seminars.

PRODUCTS MADE: CUSTOM SADDLES _____ PRODUCTION SADDLES _____ WESTERN TACK _____

ENGLISH TACK _____ CHAPS _____ REPAIR SERVICE _____ PERSONAL GOODS _____

OTHER _____

Please initial any item you don't want available to the public through, publications, or the CSMA web site.

I APPLY FOR MEMBERSHIP IN THE COLORADO SADDLEMAKERS ASSOCIATION:

SIGNED _____ DATE: _____

MEMBERSHIP DUES ARE \$50.00 ANNUALLY PAYABLE TO: CSMA, INC.