

Arkansas Cowboys' Association  
2016 Membership Application  
www.acarodeo.com

Mail to:  
Kellie Wells, Secretary  
P.O. Box 70  
Caulfield, MO 65626  
Phone: (417) 293-8840

<b>Secretary:</b> Date Received: _____ Amount Paid: _____ Cash: _____ Check #: _____
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\* Points will only be awarded to contestants that have purchased memberships prior to competition.

\* Please complete entire form and PRINT clearly.

Name \_\_\_\_\_ First Time Member \_\_\_\_\_ Renewal \_\_\_\_\_  
Address \_\_\_\_\_ Card # \_\_\_\_\_ Last Year Joined \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Date Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Phone \_\_\_\_\_ Jacket Size XS S M L XL XXL XXXL  
E-mail \_\_\_\_\_ Men Ladies Youth

**CHECK EVENTS YOU PLAN TO COMPETE IN:**

\_\_\_\_ Bareback      \_\_\_\_ Calf Roping      \_\_\_\_ Breakaway      \_\_\_\_ Junior Cowgirls Barrel Racing  
\_\_\_\_ Saddle Bronc      \_\_\_\_ Steer Wrestling      \_\_\_\_ Goat Tying      \_\_\_\_ Cowgirls Barrel Racing  
\_\_\_\_ Bull Riding      \_\_\_\_ Team Roping      \_\_\_\_ Ranch Bronc      \_\_\_\_ 50+ Team Roping

**MEMBERSHIP:** Postmark shall determine if penalty is due on late renewals

\_\_\_\_ New Membership or Renewal      \$75.00      \_\_\_\_ First ACA card for AHSRA cardholder      \$35.00  
\_\_\_\_ Students/ 15 or younger on 10/1/2015      \$45.00      \_\_\_\_ Labor Card - Type \_\_\_\_\_      \$25.00

**RELEASE:** I \_\_\_\_\_, will not hold the Arkansas Cowboys' Association, Board Members, Stock Contractors or Producers responsible for any injuries, death or loss of personal property.

\* **SIGNATURE OF APPLICANT** \_\_\_\_\_ Date \_\_\_\_\_

If **MINOR**, signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Under 18 years old)

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

\* Parent or Guardian Signature must be notarized

**2016 ROOKIE APPLICATION**

I do not wish to apply for rookie status in any event.  
Please Initial Here \* \_\_\_\_\_

**To Be Eligible for Rookie Status, this section must be completed when the ORIGINAL APPLICATION is Submitted!**

Name \_\_\_\_\_ Card # \_\_\_\_\_

Circle all events you are applying for Rookie in:

BB SB RBR BR CR SW TR-Hdr TR-Hlr CBR JBR BWY GT

**ROOKIE ELIGIBILITY:**

- Be a first year member of ACA and never held a card for the same event in the PRCA, WPRA, PBR, or IPRA; or
- Previous ACA card member and never held a card for the same event in the PRCA, WPRA, PBR, or IPRA, and never won any money in that event in a previous ACA season.

\* Signature of Rookie \_\_\_\_\_ Date \_\_\_\_\_

<b>Rookie Status</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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(\*Contestant Yellow Copy)