

2017 NSRA MEMBERSHIP FORM New/Renewal

This form must be filled out completely, signed, **NOTARIZED**, and returned to the NSRA Secretary before a card can be issued. Due to changes in tax laws, **we cannot process any application that does not include a SOCIAL SECURITY NUMBER**. Please allow two weeks for processing.

Mail completed form to: **NSRA, 2902 W. Medicine, Wellfleet, NE 69170**

Check 1:

_____ **Competing Member:** \$120 before June 1, \$130 after June 1

_____ **High School/Youth Member:** \$35 year round

_____ **Contract Personnel**(judges, pickup men, contractors, etc.) \$60 before June 1, \$80 after June 1

Name: _____ Date of Birth _____ Social Security # _____

Mailing Address (including city, state, zip) _____

Phone number: Home () _____ Cell () _____ Jacket Size: _____

Events or Personnel Position: _____

New Member: Yes No Card Number (previous member) _____ Is this your rookie year: ? _____

Email address: _____ (please provide -event directors would like to contact you via email)

Do you want to receive a copy of the NSRA newsletter? _____ Yes _____ No

IF MEMBER APP IS NOT COMPLETELY FILLED OUT, IT WILL NOT BE ACCEPTED.

NOTARY SIGNATURE REQUIRED FOR NEW MEMBERS ONLY.

OATH---READ CAREFULLY PRIOR TO SIGNING

I, (name) _____ swear that the information stated above is true and accurate. I hereby agree to be bound by and to conduct myself in accordance with the Official by-laws and rules of the NSRA, and I expressly waive and release any and all claims for personal injury or any other claim which I may have now or in the future against the NSRA, its officers, directors, employees, sponsors and NSRA sanctioned rodeo production entities, their affiliated, related, or subsidiary companies, or any NSRA committee. I give the NSRA permission to print my name, address, monies won and/or fines induced in any publication, list or website. This provision shall be binding upon each NSRA member, local entry, his/her spouse, legal representative, heirs, successors, and assignors.

If under the age of 21 the following consent must be signed.

I (we) the parent (s) or legal guardian of _____, the applicant for a NSRA Card, do hereby swear and affirm that the information provided above is true and correct and hereby release and waive the participation of applicant in the sport of rodeo and the activities of the NSRA and further do hereby release and waive any and all claims or personal injury or any other claim which I (we) may have now or in the future against the NSRA, its officers, directors, employees, sponsors, any NSRA sanctioned rodeo production entities, their affiliated, related or subsidiary companies, or any NSRA committee arising out of or in connection with membership of applicant in the NSRA or his(her) participation in NSRA approved rodeos or activities.

Signature of both parents or legal guardians

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE _____

NOTARY PUBLIC _____ (SEAL)

For office use only: date _____ payment form _____ subscription _____ card # _____ rulebook _____