



AMERICAN COWBOYS RODEO ASSOCIATION

PO Box 1
Siloam Springs, AR 72761
479-238-3865

\$150.00 – Contestant
\$150.00 – Stock Contractor
\$65.00 - Personnel
\$35.00 Timer Only

Renewals: Add \$15.00 after
December 31st.

MEMBERSHIP APPLICATION

Date _____

Please Print:

Name _____ Check One: New Renewal
Social Security No _____ Old Card No

Address _____ City _____ St. _____

Home Telephone _____ Cell _____ Zip Code _____

Date of birth _____ Email Address _____

Name and address of nearest living relative _____

Other memberships held _____

I am (check appropriate boxes) _____

Personnel: Stock Contractor Contract Act Bullfighter Barrel Man Announcer

Committeeman Rodeo Secretary Pickup Man Time Keeper Judge Photographer

Contestant: Steer Wrestling Team Roping Header Bull Riding Saddle Bronc Riding

Ladies Breakaway Roping Girl's Barrel Racing Team Roping Heeler Steer Roping Calf Roping Bareback Bronc Riding

I certify the above information is correct and, by becoming a member of the A.C.R.A., I agree to abide by its rules and regulations at all A.C.R.A. approved rodeos.

Signature: _____

Jacket Size: (Circle one) XS, S, M, L, XL, XXL, XXXL

Applicants under 18 years of age

Parents/Guardians Consent:

I certify that the age and date of birth on the below named child is correct, and I hereby consent to the participation of our child in this Rodeo Association, American Cowboys Rodeo Association. I agree in no event will I hold the A.C.R.A., their agents or employees liable for injury or property damage while participating or while in route to or from an A.C.R.A. sanctioned rodeo.

CONTESTANT _____

ADDRESS _____

AGE _____

BIRTH DATE _____

PHONE _____

Parents/Guardians Signature _____
(Signature must be notarized)

The foregoing instrument was acknowledged before me this day of _____ 20 _____

by _____ parent or guardian of the above contestant, and I certify that the above information is true to the best of my knowledge.

Notary Public _____ Date _____ My Commission Expires _____

Office Use Only



Approved

Date _____

Issued Card Number _____