**AMERICAN COWBOYS RODEO ASSOCIATION**

PO Box 1

Siloam Springs, AR 72761

479-238-3865

**MEMBERSHIP APPLICATION**

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

Renewals: Add $15.00 after December 31st.

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 _____  AGE _____

ADDRESS _____  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 _____