

UPPER LLANOS PRESCRIBED BURN ASSOCIATION

P. O. Box 362 Junction, TX 76849-0362
www.ulswcd.com upperllanos@swcd.texas.gov

2018 Officers and Directors:
Lewis Allen, President; Sam Jetton, Vice President/Treasurer; Robin Jetton, Secretary;
Carol Akers; Michelle Brangenberg; Cole Holland; Shane Mogford; Claudia Parker; Brian Rieck; Ward Whitworth

MEMBERSHIP APPLICATION FORM

To join the association, complete and sign this form, enclose your membership fee and mail to the address below.

NAME: _____

MAILING ADDRESS: _____

COUNTY WHERE RANCH IS LOCATED: _____

YOUR RANCH'S LIABILITY INSURANCE COMPANY: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE/CELL PHONE: _____ EMAIL: _____

RANCH FOREMAN/MGR INFO: _____

ANY EQUIPMENT YOU MAY HAVE AVAILABLE: _____

MY ANNUAL MEMBERSHIP FEE (FOR THE CALENDAR YEAR) IS ENCLOSED:

1. _____ \$50.00 for active membership in ULPBA.
2. _____ \$50.00 I prefer to be listed as an inactive member at this time.
Please keep me on your mailing list.
3. _____ \$25.00 for associate membership in ULPBA
(No voting rights/cannot check out ULPBA equipment)
Fee is waived for members of KC Volunteer Fire Depts.
4. _____ *I am enclosing an additional donation to help ULPBA with expenses and equipment.*

Mail this membership form, along with your check payable to:
ULPBA
P. O. Box 362
Junction, TX
76849-0362

I understand that ULPBA, its members, officers, and directors cannot sanction or conduct any prescribed burn. I acknowledge and agree that I, along with my liability insurance company, bear complete responsibility for the outcome of any prescribed burn I undertake unless I have hired a certified and insured prescribed burn manager (CPBM) licensed by the Texas Department of Agriculture sanctioned to burn for hire in my geographical area. **I agree to indemnify and hold harmless all members of ULPBA from all claims, lawsuits, or other causes of action resulting from any unintended result of my prescribed fire.** I further agree that I will follow the guidelines established by ULPBA in order to demonstrate due diligence and reasonable care. I further covenant that I have the authority to represent _____ with my signature below:
(Ranch/Partnership on membership application)

PRINTED NAME

SIGNATURE

DATE