



Membership Application 2018

88244 State Highway 23 Maynard, MN 56260 320-226-0947 320-226-0949

Name: _____
Last First Middle

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Other Phone _____

E-mail Address: _____

Birth Date: _____ * If under 18, notarized release must accompany application.

Social Security Number _____ (Required)

Are you a member of any other association? If so, Please List: _____

NEW MEMBERSHIP _____ RENEWAL MEMBERSHIP _____

Please indicate:

Rookie/Novice Rider **Pro/Skilled Rider** **Jacket Size:** S ___ M ___ L ___ XL ___ XXL ___

Contestant Dues \$65 _____

Signature: _____ Date: _____

*Parent / Guardian: _____ Date: _____

*Notary: _____ Date: _____

The Midwest Bull Riders Association its officers, directors, contractors, and committees are not responsible or liable for injury or damage to persons, property, or stock of any owner, contestant, or assistant. Each contestant by act of their entry, waive all claims against those parties for any and all injuries they or their property may acquire.

OFFICE USE: CARD NUMBER _____ EXPIRATION DATE: _____