

# Oregon Barrel Racing Association

## 2018 - 2019 MEMBERSHIP APPLICATION



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Any person becoming a member of the association shall comply with all of its rules, by-laws, decisions and bound by the same. Only members in good standing shall be eligible to participate in the activities of OBRA and shall be eligible to receive any awards or benefits sanctioned by the rules of the OBRA. The OBRA does not discriminate against sex, race, creed or religion. As a member of the OBRA, I hereby agree to hold harmless and assume the risk of any injury to myself, property and every minor person who accompanies me to an OBRA sponsored or co-sponsored event. Furthermore, I will hold harmless each equine activity sponsor from any claim of injury or damage that could be sustained by me, my property and every minor person who accompanies me to an OBRA sponsored or co-approved event.

SIGNED:

DATE:

(If under 18 years of age, application must be signed by a parent or guardian)

<p><b>Yearly Membership Fee</b> \$50.00</p> <p><b>Horse Nomination Fee:</b></p> <p>    <i>Open</i> \$25.00</p> <p>    <b>4D</b> \$25.00</p> <p>LTE's \$2500 Novice \$25.00</p> <p>LTE's \$1000 Novice \$25.00</p> <p>LTE's <b>Rookie</b> N/C</p> <p><i>(To be eligible for Rookie, rider must be a 1st year OBRA member with less than \$1,000.00 lifetime earnings (LTE's) as of the date of nomination.)</i></p> <p><b>Total Fees:</b></p> <p><b>NEW RULES:</b></p> <ul style="list-style-type: none"><li>• <b>The Class you nominate into is where you will run all year. \$1000 novice can run in a lower class if qualifies. (ex. 200 nov class or 500 nov class)</b></li><li>• <b>Send a picture of registration papers with in 30 days of nomination. If not registered 4 pics w distinguishing markings.</b></li></ul> <p>If you are nominating to a Novice Class, you must declare your novice horse's LTE's</p>	<p><b>HORSE INFORMATION:</b></p> <p>Horse's Registered Name:</p> <p>Horse's Barn name:</p> <p>Horse's Date of Birth:</p> <p><b>PREVIOUS OWNER'S INFORMATION:</b></p> <p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Phone:</p>
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I swear that the above named dollar amount won for lifetime earnings at the time of nomination is correct. I grant OREGON BARREL RACING ASSOCIATION permission to verify these winnings if deemed necessary. If proven to be intentionally falsified, the above horse shall be dropped from the year end standings.

SIGNED:

DATE:

Mail, Email or Text this form and fees to the OBRA Secretary/Treasurer:

Date Received: \_\_\_\_\_