



20__ MEMBERSHIP APPLICATION

NAME: _____ ADDRESS: _____
 CITY: _____ STATE/ZIP: _____
 DATE OF BIRTH: _____ HOME: () CELL: ()
 EMAIL: _____ CMSA #: _____ CMSA CLASS: _____

MID-OHIO MARAUDERS MEMBERSHIP (CHECK ONE)
 FAMILY \$60 INDIVIDUAL \$40 ASSOCIATE (NON-SHOOTING) \$30 FOUNDER \$150/\$250

COWBOY MOUNTED SHOOTING ASSOCIATION (CMSA) MEMBERSHIP (CHECK ONE)
 FAMILY \$100 INDIVIDUAL \$70 ASSOCIATE \$35 LIFETIME \$450

DO YOU RECEIVE *THE HORSEMEN'S CORRAL* FROM ANOTHER SOURCE? YES _____ NO _____

FAMILY MEMBERS

___NEW___ RENEWAL/CMSA# _____ CLASS _____ DOB _____ MALE___ FEMALE
 NAME: _____ LEVEL CHANGE? FROM _____ TO _____
 HOME:() - CELL:() - EMAIL: _____

___NEW___ RENEWAL/CMSA# _____ CLASS _____ DOB _____ MALE___ FEMALE
 NAME: _____ LEVEL CHANGE? FROM _____ TO _____
 HOME:() - CELL:() - EMAIL: _____

___NEW___ RENEWAL/CMSA# _____ CLASS _____ DOB _____ MALE___ FEMALE
 NAME: _____ LEVEL CHANGE? FROM _____ TO _____
 HOME:() - CELL:() - EMAIL: _____

LIABILITY RELEASE FORM

I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the cowboy mounted shooting association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. Membership in the CMSA is a privilege and requires that those who compete in events meet all local, state and federal requirements to legally possess firearms for the purpose of such competition. Therefore, it is the responsibility of all members to ensure that they are legally able within the state or country that they are competing in to own and or possess firearms. If the cmsa is notified by proper authorities of a member's inability to legally possess the firearms required to compete in cmsa sanctioned events, that membership will immediately be suspended. By joining cmsa, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and reused without my permission and without compensation. I further agree to support and enforce cmsa rules as stated in the cmsa rule book. This solidarity agreement binds all cmsa members to enforce cmsa rules and assure our competition cardholders that they will play the same game worldwide when they travel for cmsa competitions. I agree to abide by the By-laws of the Mid-OHIO Marauders upon approval of my application.

SIGNATURE OF APPLICANT REQUIRED: _____ DATE: _____
 (PARENT CONSENT, IF UNDER AGE 18)

SIGNATURE OF APPLICANT REQUIRED: _____ DATE: _____

MAKE CHECKS PAYABLE TO: **MID-OHIO MARAUDERS**
 SEND THIS APPLICATION TO: JUDY FOSTER, SECRETARY – 4195 TOWNSHIP ROAD 111, MT. GILEAD,
 OH 43338
 OR EMAIL: JMFJUDY@HOTMAIL.COM FOR MORE INFO: (419) 210-0185

DATE: _____ CASH AMOUNT: \$ _____ CHECK #: _____ AMOUNT: \$ _____