



**AMERICAN COWBOYS RODEO ASSOCIATION**

13222 WEST 835 ROAD  
TAHLEQUAH, OKLAHOMA 74464  
PHONE: 918-456-9814

\$100.00 - Contestant  
\$65.00 - Personnel  
\$35.00 Timer Only

Renewals: Add \$5.00 per  
month after December 31st,  
not to exceed \$15.00

**MEMBERSHIP APPLICATION**

**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  
 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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_  
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 \_\_\_\_\_

ACRA SECRETARY OR PRESIDENT