



**AMERICAN COWBOYS RODEO ASSOCIATION**

PO Box 1  
Siloam Springs, AR 72761  
PHONE: 479-238-3865

\$150.00 - Contestant

\$65.00 - Personnel

\$35.00 Timer Only

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

**MEMBERSHIP APPLICATION**

New

Old

Name \_\_\_\_\_ Check One: \_\_\_\_\_  
Social Security # \_\_\_\_\_ 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)

<input type="checkbox"/> <b>Personnel:</b>	<input type="checkbox"/> Stock Contractor	<input type="checkbox"/> Contract Act	<input type="checkbox"/> Bullfighter	<input type="checkbox"/> Barrel Man	<input type="checkbox"/> Announcer
<input type="checkbox"/> Committeeman	<input type="checkbox"/> Rodeo Secretary	<input type="checkbox"/> Pickup Man	<input type="checkbox"/> Time Keeper	<input type="checkbox"/> Judge	<input type="checkbox"/> Photographer
<input type="checkbox"/> <b>Contestant:</b>	<input type="checkbox"/> Steer Wrestling	<input type="checkbox"/> Team Roping Header	<input type="checkbox"/> Bull Riding	<input type="checkbox"/> Saddle Bronc Riding	
<input type="checkbox"/> Ladies Breakaway Roping	<input type="checkbox"/> Girl's Barrel Racing	<input type="checkbox"/> Team Roping Heeler	<input type="checkbox"/> Steer Roping	<input type="checkbox"/> Calf Roping	<input type="checkbox"/> 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 \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ 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