



2457 Boones Mill Road – Boones Mill, VA 24065

Name (PRINT): _____ ARA Card # _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ____/____/____ Last 4 digits of social security # _____

Email: _____ Jacket Size _____

Emergency Contact: _____ Phone: (____) _____

Membership Dues valid 11/1/21 thru 10/31/22

Please Check which applies: Standard Membership \$120 Active-Duty Military Membership \$60

Check All Events and/or Positions To Be Worked:

- Bareback Cowgirls Barrel Racing Announcer Secretary Ladies Saddle Bronc
- Saddle Bronc Bull Riding Clown/Entertainer Specialty Act Producer
- Pickup Man Bull Fighter Judge Stock Contractor

I, the undersigned, make application for membership in the American Roughstock Association (ARA) and I hereby agree to be bound by and to conduct myself in accordance with the rules established by the ARA. I agree that I will enter all contests at my own risk, that I will make no claims to the ARA or to any affiliated individual or organization for injuries, loss, destruction, or theft to me or any of the property in my care. I agree that I, and I alone, will be responsible for myself and all property for which I bring to the event. I am aware of the risk involved and know that serious injury or death may occur from the participation in the sport of rodeo, for valuable consideration; the receipt of which is hereby acknowledged by all parties, do hereby and forever discharge all the members of the ARA, producers, stock contractors, sponsors, land owners and lessees of premises from any and all claims, demands, suits, actions, or causes of action which I may, can, shall, have reason for any participation in the ARA.

Signature of applicant: _____ Date: _____

IF **UNDER 18 YEARS OF AGE**: PARENT or LEGAL GUARDIAN **must** complete and have **notarized** with seal the following:

I, _____, the undersigned parent/legal guardian of the above applicant, consent to membership.

Signature _____ Relationship to applicant _____

Sworn & subscribed before me this _____ day of _____, 20_____.

Notary Public _____ My commission expires _____ Affix Seal Here

OFFICE USE:

DATE RECEVD	RECEVD BY	AMT PAID	ID CHECKED	SIGN/MINOR	CARD GIVEN	