



# NHSRA WRANGLER DIVISION MEMBERSHIP APPLICATION 2009-2010

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|---|
| STATE/PROVINCE<br>SECRETARY USE ONLY<br>Membership # Issued |
|   |

(Please Print or Type)

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

Mailing Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

City, State/Province: \_\_\_\_\_ Zip+4 / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Gender (circle one): Male Female

Email Address: \_\_\_\_\_

State/Province Attending School In: \_\_\_\_\_ School Type (circle one): Public Private Home

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Current Grade in School (circle one): 6 7 8

Age as of August 1, 2009 \_\_\_\_\_.

State/Province Association in which you are applying for membership: \_\_\_\_\_

If you live in a different state than the one you are applying for membership in, have you submitted a signed transfer form? \_\_\_\_\_

Which Region/District (if applicable): \_\_\_\_\_ Years in NHSRA WD (circle one): 1 2 3 (include current year)

Check one: \_\_\_\_\_ Rookie (1st year) Member \_\_\_\_\_ Renewing Member

| Dues and Fees:                           | Competing       |
|--|-----------------|
| NHSRA WD Dues .....                      | \$28.00         |
| NHSRA Times Subscription (U.S.) .....    | \$15.00         |
| NHSRA Times Subscription (Foreign) ..... | \$25.00         |
| Western Horseman Subscription .....      | \$2.00          |
| Insurance .....                          | \$35.00         |
| State/Province Dues .....                | \$ _____        |
| Region/District Dues .....               | \$ _____        |
| <b>Total</b> .....                       | <b>\$ _____</b> |

**IMPORTANT - PLEASE INITIAL**

I understand that I receive a one-year subscription to *Western Horseman* magazine as a benefit of my NHSRA WD membership (non-waivable). Two-dollars of my NHSRA WD membership dues will be applied to this one-year subscription. (Initial here) \_\_\_\_\_.

Would you like to participate in sponsor surveys and focus groups, or receive email updates on NHSRA Programs and Sponsor Promotions? \_\_\_\_\_

### EVENTS

(As a competing member you are eligible to enter any of the events offered for your gender. For statistical purposes, please check any and all of the events you are planning to enter at any time this rodeo season.)

| <u>BOYS' EVENTS</u>    | <u>GIRLS' EVENTS</u>   |
|------------------------|------------------------|
| _____ Tie-Down Roping  | _____ Barrel Racing    |
| _____ Chute Dogging    | _____ Pole Bending     |
| _____ Goat Tying       | _____ Goat Tying       |
| _____ Breakaway Roping | _____ Breakaway Roping |
| _____ Bull Riding      | _____ Team Roping      |
| _____ Team Roping      | _____ Ribbon Roping    |
| _____ Ribbon Roping    |                        |

**If you are a new member, how did you learn about the NHSRA Wrangler Division?**

|                             |                         |
|-----------------------------|-------------------------|
| ___ Website                 | ___ FFA / School Poster |
| ___ Friend or Relative      | ___ Print Advertisement |
| ___ Trade Show Booth        | (Which publication?)    |
| ___ Membership Poster       | _____                   |
| ___ Television Ad           | ___ Other (Please list) |
| ___ Packet from Ntl. Office | _____                   |

### READ AND SIGN BELOW:

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief and that the student applying for membership meets the qualifications and criteria for membership in the District/Region High School Rodeo Association Wrangler Division, the State/Province High School Rodeo Association Wrangler Division and the National High School Rodeo Association Wrangler Division. By applying for and receiving membership in the District/Region, State/Province and National High School Rodeo Association, we hereby agree to follow all rules and guidelines set forth by the Region/District, State/Province and the National High School Rodeo Association Wrangler Division and to abide by all decisions and rulings of the governing committees and boards of these associations.

Member Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians Signatures: X \_\_\_\_\_ X \_\_\_\_\_

**(BOTH PARENTS AND/OR GUARDIANS MUST SIGN APPLICATION!)**  
**COMPLETE THE RELEASE FORM ON THE REVERSE SIDE OF THIS APPLICATION.**