

**2007 NSRA MEMBERSHIP RENEWAL**

This form must be filled out completely, signed, **NOTARIZED**, and returned to the NSRA Secretary before a card can be issued. Due to changes in tax laws, we cannot process any application that does not include a SOCIAL SECURITY NUMBER. Please allow two weeks for processing.

**Mail completed form to: NSRA Secretary Jill Hudson, PO Box 41, Long Pine, NE 69217 fax (402) 273-4979**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (including city, state, zip) \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Events \_\_\_\_\_

New Member: Yes No Card Number (if you were a previous member) \_\_\_\_\_ Is this your rookie year: ? \_\_\_\_\_

Do you want to receive a copy of the Fence Post (the official publication of the NSRA) \_\_\_\_\_ Yes  
\_\_\_\_\_ No (I already receive one thru another membership of an association. Ie-High School or Barrel Racing association)

**Please make any needed corrections or additions to the above information.**

**OATH---READ CAREFULLY PRIOR TO SIGNING**

I, (name) \_\_\_\_\_ swear that the information stated above is true and accurate. I hereby agree to be bound by and to conduct myself in accordance with the Official by-laws and rules of the NSRA, and I expressly waive and release any and all claims for personal injury or any other claim which I may have now or in the future against the NSRA, its officers, directors, employees, sponsors and NSRA sanctioned rodeo production entities, their affiliated, related, or subsidiary companies, or any NSRA committee. I give the NSRA permission to print my name, address, monies won and/or fines induced in any publication, list or website. This provision shall be binding upon each NSRA member, local entry, his/her spouse, legal representative, heirs, successors, and assignors.

\_\_\_\_\_

**If under the age of 21 the following consent must be signed.**

I (we) the parent (s) or legal guardian of \_\_\_\_\_, the applicant for a NSRA Card, do hereby swear and affirm that the information provided above is true and correct and hereby release and waive the participation of applicant in the sport of rodeo and the activities of the NSRA and further do hereby release and waive any and all claims or personal injury or any other claim which I (we) may have now or in the future against the NSRA, its officers, directors, employees, sponsors, any NSRA sanctioned rodeo production entities, their affiliated, related or subsidiary companies, or any NSRA committee arising out of or in connection with membership of applicant in the NSRA or his(her ) participation in NSRA approved rodeos or activities.

\_\_\_\_\_ Signature of both parents or legal guardians

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_ (SEAL)

**Dues\* for contesting members: prior to January to June 1-\$110, after June 1-\$120.  
\*Dues include a \$25 final fund fee. If you get \$150 in cumulative donations, you receive \$25 back from the NSRA.**

**Dues for student cards (high school and younger) and all contract personnel (announcers, judges, stock contractors, pickup men, etc.) are \$25.**

For office use only: date \_\_\_\_\_ payment form \_\_\_\_\_ subscription \_\_\_\_\_ card # \_\_\_\_\_ rulebook \_\_\_\_\_

