

# NATIONAL FEDERATION OF PROFESSIONAL BULLRIDERS

Phone: 417/924-3591 or 417/259-3361

2222 Highway F, Mansfield, MO 65704



## Membership Application 2017

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street or route

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Check if address or phone change E-mail Address: \_\_\_\_\_

Birth Date \_\_\_\_\_, **If under 18, notarized release must accompany application.**

Social Security Number \_\_\_\_\_ (Required)

Are you a member of any other association? If so, Please list \_\_\_\_\_

Please indicate:

**New Member**

**Renewal**

**Jacket Size: S M L XL XXL**

Contestant Dues \$ 100 \_\_\_\_\_ Contractor Dues \$150 \_\_\_\_\_ Judges Dues \$100 \_\_\_\_\_

Announcer Dues \$100 \_\_\_\_\_ Bull fighter Dues \$100 \_\_\_\_\_ Barrel man Dues \$100 \_\_\_\_\_

Producer Dues \$150 \_\_\_\_\_ Associate Member Dues \$75 \_\_\_\_\_ Photographer \$75 \_\_\_\_\_

*With the purchase of this membership, I do hereby release The National Federation of Professional Bullriders, its members, producers, contractors, committees and Board of Directors from any and all liability.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Approved: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card #: \_\_\_\_\_