



**PROFESSIONAL WESTERN RODEO ASSOCIATION
MEMBERSHIP APPLICATION**

Office address: 7825 SE Wallace Rd, Dayton, OR 97114
Phone 503-864-7435 Fax 503-864-3136
prowestsecretary@gmail.com

LEGAL NAME FOR TAX PURPOSES: LAST _____ FIRST _____

Preferred Rodeo Name if Different from Legal _____ PWRA CARD # _____

ADDRESS _____ City, State, ZIP _____

Phone # _____ Emergency Contact # _____ E-Mail Address _____

Birth Date ____/____/____ Social Security # (Mandatory) _____ Dependents (companions) _____

MEMBERSHIP STATUS: RENEWAL ____ NEW MEMBER ____ ROOKIE ____ **JACKET SIZE:** (circle one) S M L XL XXL

COMPETING MEMBERSHIP: \$113 ____ **renewing memberships postmarked or processed after March 31st \$138 ____
Events worked: BB SB BR TD SW BKF WBI TR/HEADER TR/HEELER

PERMIT: \$88.00 ____ (\$500.00 winning maximum, only purchase a permit every 3 years)
HS MEMBERSHIP PERMIT: \$13 Newspaper fee ____ Only HS rodeo association Members from WA, OR, ID, MT, or BC (attach copy)

NON-CONTESTING: \$88 ____ ** renewing members after March 31st \$113 ____
Judge Timer Secretary Photographer Committee

Stock Contractor \$113 ____ after March 15th \$213 ____ must be paid before bidding rodeos!!
Stock Lessor \$88 ____ after March 15th \$113 ____ must be paid by contractor before use of stock.

CONTRACT ACTS: \$88 ____ **Renewing members \$113 after March 31st
Announcer Bullfighter Clown/Barrelman Pickup Man Drill Team

NOTE: If applicant is under 18 years of age, this release should be signed by a legal guardian and notarized.

State Of _____
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Date _____ Signature _____
Notary Public in and for the State of _____ residing at _____

ROOKIE:
YES ____ I certify I am eligible for PRO-WEST ROOKIE OF THE YEAR. I have not been a member or cardholder in any other association including WBRA, except pee wee, junior, high school, and college level. (Must fill out & Submit Rookie verification form)

| |
|--|
| _____ Visa _____ MasterCard (A 10% Bank Charge will be added to all Visa & MasterCard charges) |
| Credit Card # _____ Expiration Date _____ Security Code _____ |
| Name on Card _____ Zip Code _____ Total: \$ _____ |

RELEASE: I will abide by all rules and regulations of the Professional Western Rodeo Association, Inc., (PRO-WEST) and I hereby release and hold harmless the PRO-WEST, all member Stock Contractors, Officers, Board of Directors, Rodeo Committees, Employees of the same, and any or all persons in any way connected with PRO-WEST approved rodeos from losses, damages, or injury to me or my equipment resulting from participation in any or all PRO-WEST events/activities.

SIGNATURE _____ **DATE** _____

Please accept this \$ _____ donation to the Pro-West Crisis Fund in addition to my membership

Membership subject to approval by PRO-WEST Board of Directors

-----**PRO-WEST OFFICE USE**-----
Date Received _____ Card # Assigned _____ PD By _____