



Professional Armed Forces Rodeo Association 2020 Membership Application



The Professional Armed Forces Rodeo Association (PAFRA) is a nonprofit organization and is in no way funded or affiliated with the U.S. Government or Department of Defense organizations or its agencies. All active duty members are responsible for obtaining permission from their respective commands to participate in any PAFRA or PAFRA co-sanctioned rodeo. Application to PAFRA does not in itself constitute acceptance into PAFRA. You will be contacted with your status at the soonest possible time. Membership dues must be paid by Money Order, Personal Check or Cashier's Check (payable to PAFRA).

**Current Active, Guard & Reserves MUST include a copy of a RECENT LES
Veterans MUST provide a copy of DD 214 or NGB 22 (please black out SSN on documents)**

TYPE OF MEMBERSHIP	Early Bird Rates (Till Dec. 31, 2019)	Insert Rate Here
FAMILY MEMBERSHIP	All eligible family members may compete	\$110
INDIVIDUAL MEMBERSHIP	Competing Membership	\$75
ASSOCIATE FAMILY MEMBERSHIP	Non-Competing Membership for families	\$40
ASSOCIATE MEMBERSHIP	Non-Competing Membership	\$20
PAFRA BOOSTER	Non-Military/Non-Competing Membership	\$20
Gold Star Membership	Ten <u>CONSECUTIVE</u> years of membership only	\$55
TOTAL BALANCE		

*****New Members – Application & Proof of Service Documents must be mailed to Secretary.**

Renewing Members - Need only send any updated change of Status documents. i.e. Active to Veteran, Retiree or Part Time status.

Money Order Personal Check # _____ Cashier's Check

Please Check: New Member Renewing Member **CARD # (renewing members only):** _____

CIRCUITS

Alaska Rocky Mountain Red River Northeast
 Pacific Burning Sands Southeast European

Name: _____ DOB: _____

Branch of Service: _____ Rank: _____ DOS/ETS: _____

Dependent Spouse: _____ Dependent Child (18 an under): _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone/Other: _____

Email Address: _____ How did you hear about PAFRA: _____

Home Town: _____ State: _____ Duty Station: _____ State: _____

SHIRT SIZE: Small Medium Large XL XXL XXXL

JACKET SIZE: Small Medium Large XL XXL XXXL

EVENTS (PLEASE CHOOSE ALL APPLICABLE EVENTS IN WHICH YOU PARTICIPATE):

- BULL RIDING SADDLE BRONC BAREBACK BARREL RACING TR HEADING
- BREAKAWAY TIE-DOWN CHUTE DOGGING STEER WRESTLING TR HEELING
- MOUNTED SHOOTING

Family Membership Information

Shirts are in *Youth, Male & Female sizes (*youth sizes may not be available in some designs)

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Full Name:
Age: Competing: Yes <input type="checkbox"/> No <input type="checkbox"/> Contestant Shirt Size:
Event(s):

Signature: _____ Date: _____

By my signature, I verify that the above information is truthful, accurate and that I have read and will comply with the By Laws and Rules of the organization.

Mail completed Application (2 pages), Proof of Service Documents & Amount due to:

**PAFRA Treasurer
Attn: Laura Acevedo
PO Box 106
Hornbeck, LA 71439**