

Washington Barrel Racing Association 2020 Membership Application

(Must be filled out completely and paid in full before your points will count)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Social Security #: _____ Jacket Size: _____ Horse Blanket Size: _____

Membership Fees: Amount

- **Full Membership** (includes open awards nomination and required for novice horse nomination)
\$65 by 11/1/19, \$70 between 11/2/19 – 1/1/20, \$75 after 1/2/20 or \$65 Rookie Membership (1st year of full membership) \$ _____
Please check if you are Rookie eligible - _____
- **Youth/Junior Membership** (send a copy of birth certificate)
Points will only count towards youth or junior division. \$35 \$ _____
Age as of 10/1/19 _____
- **2020 Officer** (no fee for full membership) Check if eligible _____
- **Gold Card Member** (no fee for full membership) Check if eligible _____

Awards Nominations: (required to be eligible for year end awards) Amount

- **Open** – included with full membership
- **\$2000 Novice Nomination** (Horses LTE are between \$500.01-\$2000) \$25 \$ _____

Horses Registered Name: _____

Barn Name: _____ Horses LTE as of date nominated (**required**): _____

-Member is required to update Novice Director of ALL money won outside of WBRA regardless of rider.

- **\$500 Novice Nomination** (Horses LTE under \$500) \$25 \$ _____

Horses Registered Name: _____

Barn Name: _____ Horses LTE as of date nominated (**required**): _____

-Member is required to update Novice Director of ALL money won outside of WBRA regardless of rider.

- **Youth** (Age 13 to 18 as of 10/1/19) \$15 \$ _____
- **Junior** (Age 12 & Under as of 10/1/19) \$15 \$ _____

Total Fees \$ _____

(Make checks payable to WBRA)

As a condition of membership, members will be required to hold an office or participate on a committee. They will designate their committee choice at the time of membership and the chairperson will be responsible for tracking participation. Circle the committee you will be a part of. **REQUIRED**

Spring Fling Futurity Scholarship Race Last Chance Finals

Membership Signature: _____ **Date:** _____

By signing this application, I agree that all information given is correct and agree to abide by all the rules set forth by WBRA.

Parent/Guardian Signature: _____ **Date:** _____

Required for Youth/Junior Membership

Mail Membership Application to WBRA Membership: Matea Frensdorf 1281 Road E.5 NE, Moses Lake, WA 98837

Payment Received by: _____ Check #: _____ Date: _____