



Date _____
Ck # _____
\$ _____
Office Use ONLY

**N.J.R.A. APPLICATION FOR
ASSOCIATE MEMBERSHIP**

Please Fill Out One Membership Application Per Associate Member

Associate Member Name: _____

Birthdate: ____/____/____ Sex: M / F

Type of Membership: ___ Contractor ___ Photographer ___ Other _____

Business Name: _____ Phone: () _____ - _____

Mailing Address: _____
Street/PO Box City State Zip

E-Mail Address: _____

Alternate Person to be notified in an emergency: _____ Phone () _____ - _____

Allergies: _____ Date of last Tetanus: _____

Medications being taken: _____

Physical Impairments: _____

In the case of an emergency, does the rodeo official or attending aid person have your permission to send the Associate Member to a hospital? _____ In case of injury, may a doctor in attendance (or qualified aid person) treat the Associate Member? _____ In case of injury it becomes the responsibility of the injured Associate Member to secure insurance claim forms from the NJRA treasurer. Claims must be submitted within ninety (90) days following the accident. In order to keep insurance costs down, submit to personal or business insurance first, NJRA insurance second. There is a \$50.00 deductible.

All memberships MUST BE COMPLETED AND PAID FOR BY Prior to the rodeo event they attend.

MEMBERSHIP FEE: \$ 5.00
INSURANCE: (Mandatory) \$45.00
TOTAL AMOUNT PAID \$50.00

Shirt Size
Youth/Adult

By signing this I agree that I have read and understand the rules and regulations of the NJRA.

Associate Member Signature: _____ Date: _____

Make Check payable to: Northwest Junior Rodeo Association (NJRA), and mail to:

Carolyn Kulp - 7351 Salmonberry Creek Ln SE, Port Orchard, WA 98367 - 360-621-5581