



AMERICAN BARREL RACING ASSOCIATION

2009 Membership Application

(Valid through December 31, 2009)



Please complete all information below and sign. Minors MUST have signature of parent/ legal guardian in section IV.

I. APPLICATION TYPE (Check One)

* NOTE: Duo and Family Memberships **must** live in same household **and** be Husband, Wife, and/ or Children 18 & Under.

ON OR BEFORE DECEMBER 31, 2008: RENEWALS: **ON OR BEFORE DECEMBER 31, 2008:** NEW MEMBERSHIPS:

- Renewal Single Membership - \$20
- Renewal Duo Membership - \$30
- Renewal Family Membership - \$40
- 2nd Year Producer Membership - \$50
- 3rd Year Producer Membership - \$25
- 4th Year Producer Membership - free

- New Single Membership - \$25
- New Duo Membership - \$35
- New Family Membership - \$45
- 1st Year Producer Membership - \$75

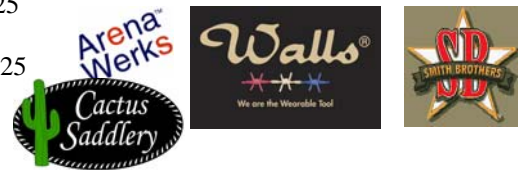
ABRA GOLD CLUB MEMBERSHIPS:
LIFETIME MEMBERSHIP W/ BENEFITS!

ON OR AFTER JANUARY 1, 2009:

- New Single Membership - \$35
- New Duo Membership - \$45
- New Family Membership - \$55
- 1st Year Producer Membership - \$85

- Single Gold Club Membership - \$125
- Duo Gold Club Membership - \$175
- Family Gold Club Membership - \$225

We appreciate the support of:



ABRA STAFF USE ONLY

Producer Info
 Producer Initials: _____
 Producer ID#: _____

Payment Info
 Cash: \$_____ or Check #: _____
 Other: _____
 Received on: ____-____-____
 By: ____ Separate or With Entries

Office Info
 Entered on: ____-____-____
 Membership ID#: _____
 Card sent on: _____
 News sent on: _____
 Rules sent on: _____

II. APPLICANT INFORMATION (Please Print) Preferred Name (if different from first name): _____

| | | | |
|------------------------------|---------------|------------|---------------|
| First Name | MI | Last Name | Address |
| City | State | Zip | Date of Birth |
| Daytime Phone (w/ area code) | Evening Phone | Occupation | Email |

III. ADDITIONAL MEMBERS (For Duo & Family Memberships; must be Husband, Wife, and/or Children under 18)

| | | | |
|---------------------------|--------------|---------------|-------------------|
| First Name, MI, Last Name | Relationship | Date of Birth | Social Security # |
| First Name, MI, Last Name | Relationship | Date of Birth | Social Security # |
| First Name, MI, Last Name | Relationship | Date of Birth | Social Security # |

IV. AGREEMENT AND RELEASE

Application must be completed in full, with dated signature and full payment, before it will be processed. Membership is non-refundable. I hereby request membership in the AMERICAN BARREL RACING ASSOCIATION, "ABRA". I realize that it is my responsibility to become familiar with the Articles of Incorporation, Bylaws, and the Rules and Regulations of the ABRA. I acknowledge that participation in equestrian events exposes myself, my family, and my livestock to serious risk of property damage, personal injury, or death. I agree to waive and release any and all claims I may now have, or may in the future have, for property damage, personal injury, or any other claim against the AMERICAN BARREL RACING ASSOCIATION, its Officers, Directors, Producers, Employees, Agents, Sponsors, Facilities, or Affiliates. This provision is binding upon myself, my family, and any legal representatives.

| | | |
|------------------------|---------------------------------------------------|------|
| Signature of Applicant | Signature of Applicant's Parent or Legal Guardian | Date |
|------------------------|---------------------------------------------------|------|