



RISE ABOVE PRODUCTIONS

2010 Membership Application (Valid through December 31, 2010)



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

I. APPLICATION TYPE (Check One)

* NOTE: Family Memberships **must** live in same household **and** be Husband, Wife, and/ or Children 18 & Under. We appreciate the support of:

- Single Membership - \$35
- Family Membership - \$55
- Producer Membership - \$75
- Single Lifetime Gold Membership - \$250
- Family Lifetime Gold Membership - \$350



I would also like to donate \$5 \$20 \$50 ___ to Rise Above Productions to help where it needs it most Scholarship Funds Missions Funds

II. MEMBERSHIP INTERESTS (Check all that apply)

- Rodeos
- Youth Rodeos
- Divisional Barrel Races
- Bull Riding
- Bronc Riding
- Team Roping
- Calf Roping
- Retreats
- Schools & Clinics
- Ministry & Missions

RISE ABOVE PRODUCTIONS IS BUILT ON THE SEVEN YEAR FOUNDATION OF THE AMERICAN BARREL RACING ASSOCIATION

III. APPLICANT INFORMATION (Please Print) Preferred Name (if different from First Name): _____

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

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

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

V. 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 **RISE ABOVE PRODUCTIONS**, "RAP". I realize that it is my responsibility to become familiar with the Articles of Incorporation, Bylaws, and the Rules and Regulations of **RISE ABOVE PRODUCTIONS**. 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 **RISE ABOVE PRODUCTIONS**, 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 |
|------------------------|---|------|

R.A.P. 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: _____