



PO Box 347
Jerome, ID 83338
Office & Fax: 208-644-1260
Email: wsbba2009@gmail.com

MEMBERSHIP FORM 2010

Date _____
Name _____
Ranch Name _____
Address _____
City _____ State _____ Zip _____
Mailing Address (if different) _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Fax _____
Email _____ Web Address _____

****Included with membership is a subscription to Horse Sports. ****

ALL MEMBERS MUST SIGN

As a condition to membership, the undersigned party agrees to become familiar with and be bound by the rules of the Western States Bucking Bull Association. The undersigned expressly agree to have all disputes related to compliance with or violation of these rules resolved by the procedures provided in the rules. The undersigned agrees to attend and participate in WSBBA Sanctioned events at applicant's own risk. The undersigned agrees that by his/her signature on application, he/she releases the WSBBA and its directors, officers, representatives, employees, producers and agents from any and all liability, loss, claims and damages, including negligence. Upon the purchase of membership the undersigned voluntarily chooses to participate in WSBBA Sanctioned events and abide by all WSBBA Standing Rules and Bylaws.

Signature _____ Date _____

MEMBERSHIP Dues-

One year: \$50.00
Money Order, Cashier Checks, Personal Check, or Cash only
Make checks payable to Western States Bucking Bull Assoc. (WSBBA)
Amount Enclosed _____

Please Remit All Membership To:
Western States Bucking Bull Association
PO Box 347
Jerome, ID 83338