



MEMBERSHIP APPLICATION

RENEWAL

ALL INFORMATION IS STRICTLY CONFIDENTIAL!

NAME1: \_\_\_\_\_ DOB: \_\_\_\_\_ NAME2: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ Current Member #: \_\_\_\_\_

MEMBERSHIP LEVEL:  Individual \$20  Family \$35  Independence \$150  Lifetime \$500  Business \$250

Additional information about various membership levels is available on our website: [www.LibertyGRA.org/Membership](http://www.LibertyGRA.org/Membership)

How would you like your name printed on your membership card?

Full Name1  First Name & Last Initial  Do Not Print Name  Print Alias: \_\_\_\_\_  
 Full Name2  First Name & Last Initial  Do Not Print Name  Print Alias: \_\_\_\_\_

Are you a member of another rodeo association?  No  Yes which one(s) \_\_\_\_\_

**NOTE:** you are permitted to and encouraged to seek membership in multiple rodeo associations.

Are you interested in being a rodeo competitor?  No  Yes, which event(s) \_\_\_\_\_

**Interested in becoming more involved with LGRA?**

Please indicate the committees you are interested in:

Fund Raising  Newsletter  Public Relations  Membership  Social & Entertainment  
 Rodeo Training & Events

Please indicate if you would like to be a rodeo and/or event volunteer  Yes  No

Special Skills you could offer to LGRA: \_\_\_\_\_

How would you prefer to be contacted by LGRA?  Email  Phone

**The fine print.** By signing this form, I agree to conduct myself and to conform to the bylaws and standing rules of the LGRA. I further agree in connection with my participation and/or attendance of any event held by or for the benefit of the LGRA to always comply with all applicable laws. I acknowledge that failure to do so may be cause for the termination of my membership. I acknowledge that failure to pay all dues or assessments, if any, shall give rise to termination of my membership. I hereby agree to protect and hold harmless LGRA from any and all damage, injury or death which might occur to my property or person in preparation for, during or immediately following any function held by or for the benefit of LGRA and also from any and all liability whatsoever in regard thereto whether any cause of action may occur to me, my executor administrator or assign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the membership application and mail it with your check (made payable to **LGRA**) covering your annual dues to:  
**LGRA, PO Box 103, Perkiomenville, PA 18074**

For more information please email us at: [info@LibertyGRA](mailto:info@LibertyGRA) or go to: [www.LibertyGRA.org](http://www.LibertyGRA.org)