



ALL INDIAN RODEO COWBOYS ASSOCIATION

P.O. Box 1411, Window Rock, AZ 86515

www.aircarodeo.com

2017 Membership Application

Card No.

OFFICIAL Name: _____ 1st Year Member / Rookie Status: Yes _____ No _____

Gender: _____ Male _____ Female

Mailing Address _____ City _____ State _____ Zip Code _____

E-Mail Address _____ Cell / Home: _____ Business: _____
Telephone Numbers _____

Tribal Affiliation _____ Census Number _____ Agency Enrollment Office _____ SSN (Optional) _____

Type of Application/Fees (Check all that apply)

CONTESTANT: \$95.00 Major Events:

_____ Bareback	_____ Tie Down Roping	_____ Ladies Breakaway
_____ Bronc Saddle	_____ Steer Wrestling	_____ Open Team Roping
_____ Bull Riding	_____ Ladies Barrel Racing	_____ #10 Team Roping
		USTRC CARD: _____

CONTESTANT: \$95.00 Minor Events:

_____ Jr. Bull Riding <i>(15 Yrs. by Jan 1st)</i>	_____ JR. CoEd Barrel Racing <i>(15 Yrs. by Jan 1st)</i>	_____ 50+ Coed Breakaway Roping <i>(50 Yrs.+ by Jan 1st)</i>
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RODEO OFFICIAL: \$95.00	_____ Judge	_____ Timer	_____ OTHER: _____
CONTRACTOR: \$95.00	_____ Announcer	_____ Stock Contractor	_____ OTHER: _____

GOLD CARD: Year Inducted: _____ Number of Years with AIRCA _____

Previous AIRCA Officer and/or Board of Director: Year & Position _____

Check if Previous YEAR-END Event Champion: Event(s): _____

OATH By signatory completion below, I apply for membership with the All Indian Rodeo Cowboys Association (AIRCA). I hereby swear and affirm the above information is true and correct to the best of my knowledge. I release and waive all claims for personal injury and/or against AIRCA during the period of membership. I further agree to abide by all the Articles of Incorporation and the current AIRCA Approved Association Rule Book and any other provisions the AIRCA Board may insert or impose. I will represent the AIRCA to the best of my ability and comply with all the rule and by-laws. I further understand that I shall participate in 40% of all AIRCA host rodeos to qualify for any post season finals rodeo(s).

Dated: _____ Signature _____

If Applicant is under the age 18 (minor) Parent/Guardian of applicant must sign the following signatory and hereby comply with the above OATH as well.
(Print Name & Sign)

Parent/Guardian Signature _____
SUBSCRIBED and SWORN to this on the _____ day of _____, _____.

Notary Public _____ Date: _____
My Commission Expires _____

FOR AIRCA USE ONLY

Sold by _____
Date Sold _____
Receipt # _____
Form of Payment: ___ Cash ___
MO/Cashier's Ck Amount Received
