



# American Professional Rodeo Association Membership Application

Mail or fax to: Chris Sciabica, APRA Office,  
P.O. Box 930, Bellefonte, PA 16823-0830 • 814-625-0010

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: ( ) \_\_\_\_\_ Last Year In APRA: \_\_\_\_\_  
 New Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Reinstated Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Card #: \_\_\_\_\_

Are you eligible for Rookie\* status?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Rookie: First year of competition in the APRA.  
 To be eligible, members may not have won over \$500 in professional rodeo competition during their lifetime prior to joining the APRA.

### This section to be completed by Rookie Applicants ONLY

1. Is this your first year as an APRA card holder? \_\_\_\_\_
2. Is this your first year competing in the APRA? \_\_\_\_\_
3. Have you ever competed in professional rodeo? \_\_\_\_\_
4. If yes to 3 above, list association(s) and year(s): \_\_\_\_\_
5. If you have competed, have you won over \$500 total? \_\_\_\_\_

Events to be worked in rodeo (please check all that apply):

- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Barebacks     | <input type="checkbox"/> Team Roping            | <input type="checkbox"/> Timer     | <input type="checkbox"/> Pickup Man       |
| <input type="checkbox"/> Saddle Broncs | <input type="checkbox"/> Steer Wrestling        | <input type="checkbox"/> Secretary | <input type="checkbox"/> Stock Contractor |
| <input type="checkbox"/> Bull Riding   | <input type="checkbox"/> Girls Barrel Racing    | <input type="checkbox"/> Judge     | <input type="checkbox"/> Clown            |
| <input type="checkbox"/> Calf Roping   | <input type="checkbox"/> Girls Breakaway Roping | <input type="checkbox"/> Announcer | <input type="checkbox"/> Other            |

PLEASE INCLUDE ALL INFORMATION REQUESTED IN ORDER NOT TO DELAY VALIDATION OF CARDS.

- |  |  |
|--|--|
| <input type="checkbox"/> Mailing List:         | \$40 per year (subscription to the Buckin' Chute only).  |
| <input type="checkbox"/> Timer:                | \$75 per year (plus insurance).  |
| <input type="checkbox"/> Associate Member:     | \$75 per year (recognized as a booster of rodeo, Buckin' Chute included in fee and entitles same to enter APRA members in rodeos).   |
| <input type="checkbox"/> Gold Card Membership: | \$40 per year (all rights and privileges including competition).   |
| <input type="checkbox"/> Full Membership:      | \$150 per year (all rights and privileges including competition).<br>"Member assumes all "FINANCIAL" responsibility for any and all medical expenses incurred by said Member incident with any injury sustained by member during the course of his/her competition at any rodeo SANCTIONED by the APRA." |
| <input type="checkbox"/> Novice Membership     | \$50 for Novice Bareback and/or Saddle Bronc Riders  |
| <input type="checkbox"/> The Buckin' Chute     | \$40 annual fee to receive a mailed, printed version each month.   |
| <input type="checkbox"/> Late Fee:             | \$10/month after Jan. 1 (up to a maximum of \$30). No late fee for new members.  |

I hereby agree, by my signature below, to comply with the Articles of Association, By-laws and rules of the AMERICAN PROFESSIONAL RODEO ASSOCIATION herein called the APRA. Furthermore, I recognize that there are risks inherent in participating in the sport of rodeo and I hereby assume those risks as to personal injury, damage to property and damage to livestock. I hereby agree to waive all claims against and to absolve from liability of the APRA, its sponsors, rodeo committees, producers, and livestock contractors and also to hold harmless these above mentioned parties if a third party is injured due to my negligence. I further agree to furnish my own medical insurance and I declare that I am 18 years of age or have parental consent to participate in rodeo and if I am a minor my parents/legal guardian agree to the above waiver and hold the above harmless.

Any falsification or untruth associated with the completion of this membership application will result in forfeiture of membership and forfeiture of any points won while a member of this association. Member further agrees that in the case of any lawsuit brought against the APRA for whatever reason, the venue for said litigation will be Centre County, Pennsylvania.

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

Anyone under 18 years of age must have BOTH parent's signatures and application must be notarized.

Total Submitted: \$ \_\_\_\_\_  Check  Master Card  Visa

Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_