



SoCal Cowboy Mounted Shooters Association

2010 Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone () _____ Home Phone () _____

Cell Phone () _____ E-Mail _____

Birthday _____ (CMSA Requirement)

	Single SoCal CMSA	Single SoCal CMSA + CMSA	Family SoCal CMSA	Family SoCal CMSA + CMSA Siblings must be under 19 YOA
New Membership for 2010	\$50	\$110	\$90	\$180
Founding Membership 50% off annual renewal for life. Valid before 12/31/2009	\$100	\$160	\$180	\$270
*Associate Membership	\$25			

***All participants must have a CMSA card to compete at any SoCal CMSA event**

***Associate ... For people who do not shoot, but would still like to receive newsletters, emails and be on our mailing list.**

This is a Non-Voting Membership. Membership dues cover January 1st thru December 31st of any calendar year. SoCal CMSA is a non-profit organization. Donate Life Foundation will be our Charity of Choice.

I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the SoCal Cowboy Mounted Shooters Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

List of Family Members: Please list additional family members on back of application if needed

Self: CMSA # _____ Level _____ Cowboy _____ Cowgirl _____ DOB _____

Spouse _____ CMSA # _____ Level _____ Cowboy _____ Cowgirl _____ DOB _____

Dependant 1 _____ CMSA # _____ Level _____ Cowboy _____ Cowgirl _____ DOB _____

Dependant 2 _____ CMSA # _____ Level _____ Cowboy _____ Cowgirl _____ DOB _____

Dependant 3 _____ CMSA # _____ Level _____ Cowboy _____ Cowgirl _____ DOB _____

Signature Of Applicant _____ Date _____

Please Mail Payments to: SoCal CMSA: 2391 Stallion Drive, Norco, CA 92860