



# SoCal Cowboy Mounted Shooters Association

## 2009 Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthday \_\_\_\_\_ (CMSA Requirement)

	Single SoCalCMSA	Single SoCalCMSA + CMSA	Family SoCalCMSA	Family SoCalCMSA + CMSA
New Membership for 2009	<b>\$50</b>	<b>\$110</b>	<b>\$90</b>	<b>\$180</b>
Founding Membership 50% off annual renewal for life. Valid before 08/31/2009	<b>\$100</b>	<b>\$160</b>	<b>\$180</b>	<b>\$270</b>
*Associate Membership	<b>\$25</b>			

**\*All participants must have a CMSA card to compete at any SoCalCMSA 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. SoCalCMSA 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: SoCalCMSA: 2391 Stallion Drive, Norco, CA 92860**