

N.O.T.R.A.

MEMBERSHIP FORM

MEMBER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK/ALT. #: _____

*SS #: _____ AGE: _____ DOB: _____

(This is required for IRS purposes)

EMAIL ADDRESS: _____

(For Newsletter Correspondence)

FILL OUT ONLY FOR FAMILY MEMBERSHIP:

SPOUSE NAME: _____

*SS #: _____ AGE: _____ DOB: _____

(This is required for IRS purposes)

MEMBERSHIP DUES: (Please circle one): INDIVIDUAL: **\$80** COUPLE: **\$120**
CASH: _____ CHECK #: _____

***ALL COMPLAINTS MUST BE SUBMITTED IN WRITING TO
THE ASSOCIATION OR THEY WILL NOT BE ADDRESSED.**

Initial: _____

NOTRA MEMBERSHIP/PARTICIPATION RELEASE

I (WE) DO HEREBY RELEASE THE NATIONAL OLD-TIME ROPERS' ASSOCIATION (NOTRA), THE OFFICERS, DIRECTORS, PRODUCERS, AND ANY OTHER PERSON(S), CORPORATIONS, OR ORGANIZATIONS IN ANY MANNER ASSISTING IN THE SPONSORSHIP AND PRODUCTION OF NOTRA EVENTS FROM ANY AND ALL LIABILITIES FOR INJURIES OCCURRING TO MYSELF (OURSELVES) OR MY (OUR) LIVESTOCK WHILE PARTICIPATING IN SUCH EVENT. WARNING - UNDER TEXAS LAW (CHAPTER 87 CIVIL PRACTICE AND REMEDIES CODE) ANY EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF A PARTICIPANT IN THE EQUINE ACTIVITY RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. I (WE) EXECUTE THIS CONSENT AND RELEASE AGREEMENT WITH FULL KNOWLEDGE OF THE RISK INHERENT IN PARTICIPATING IN SUCH EVENTS AND ADMIT THAT SUCH RISKS ARE ASSUMED BY MYSELF (OURSELVES).

MEMBER SIGNATURE: _____ DATE: _____

MEMBER SIGNATURE: _____ DATE: _____

Please return form to:
NOTRA
c/o Sherri Brantley
632 CR 340A
Milano, TX 76556