

Arkansas Cowboys Association  
2017 Membership Application  
www.acarodeo.com

Mail to:  
Kellie Wells, Secretary  
P.O. Box 70  
Caulfield, MO 65626  
Phone: (417) 293-8840

<b>Secretary:</b> Date Received: _____ Amount Paid: _____ Cash: _____ Check #: _____
--

\* Points will only be awarded to contestants that have purchased memberships prior to competition.

\* Please complete entire form and PRINT clearly.

Name \_\_\_\_\_ First Time Member \_\_\_\_\_ Renewal \_\_\_\_\_  
Address \_\_\_\_\_ Card # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Date Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Phone \_\_\_\_\_ Jacket Size XS S M L XL XXL XXXL  
E-mail \_\_\_\_\_ Men Ladies Youth

**CHECK EVENTS YOU PLAN TO COMPETE IN:**

___ Bareback	___ Calf Roping	___ Breakaway	___ Junior Cowgirls Barrel Racing
___ Saddle Bronc	___ Steer Wrestling	___ Goat Tying	___ Cowgirls Barrel Racing
___ Bull Riding	___ Team Roping	___ Ranch Bronc	___ 50+ Team Roping

**MEMBERSHIP:**

___ New Membership or Renewal	\$75.00	___ First ACA card for AHSRA cardholder	\$45.00
___ Students/ 15 or younger on 10/1/2016	\$45.00	___ Labor Card - Type _____	\$25.00

**RELEASE:** I \_\_\_\_\_, will not hold the Arkansas Cowboys Association, Board Members, Stock Contractors or Producers responsible for any injuries, death or loss of personal property.

\* **SIGNATURE OF APPLICANT** \_\_\_\_\_ Date \_\_\_\_\_

If **MINOR**, signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Under 18 years old)

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

\* Parent or Guardian Signature must be notarized

**2017 ROOKIE APPLICATION**

I do not wish to apply for rookie status in any event.  
Please Initial Here \* \_\_\_\_\_

**To Be Eligible for Rookie Status, this section must be completed when the ORIGINAL APPLICATION is Submitted!**

Name \_\_\_\_\_ Card # \_\_\_\_\_

Circle all events you are applying for Rookie in:

BB SB RBR BR CR SW TR-Hdr TR-Hlr CBR JBR BWY GT

**ROOKIE ELIGIBILITY:**

- Be a first year member of ACA and never held a card for the same event in the PRCA, WPRA, PBR, or IPRA; or
- Previous ACA card member and never held a card for the same event in the PRCA, WPRA, PBR, or IPRA, and never won any money in that event in a previous ACA season.

\* Signature of Rookie \_\_\_\_\_ Date \_\_\_\_\_

<b>Rookie Status</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
--

(\*Contestant Yellow Copy)