



ELITE ROPING ASSOCIATION

## 2020 ELITE ROPING ASSOCIATION MEMBERSHIP FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

USTRC CARD # \_\_\_\_\_ RATING: HEADING: \_\_\_\_\_ HEELING: \_\_\_\_\_  
WORLD SERIES # \_\_\_\_\_ RATING: HEADING: \_\_\_\_\_ HEELING: \_\_\_\_\_  
WTRC CARD # \_\_\_\_\_ RATING: HEADING: \_\_\_\_\_ HEELING: \_\_\_\_\_



### ERA NUMBER APPLICATION

MEMBERSHIP FEE: \$30 PAID: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CK# \_\_\_\_\_

#### Liability Statement:

By submitting my application, I hereby release Elite Roping Association, its owners and any official, employee, director or agent of the same from any claim or right for damages which may occur to me or my horse or other property at any ERA event. I further certify that if I cannot present a negative EIA test for any of my animals when requested, I will be fully responsible for any fines or expenses personally and will reimburse any fines to the event producer.

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