40 East Finley Road
Bridgeton, NJ 08302
www.rstpa.org
rstpaoffice@yahoo.com

2026 RSTPA Membership Application/Renewal

Application Type: ☐ New Member ☐ Renewal

Today's Date: _____
Name (First, Middle, Last): _____
Birthdate (MM/DD/YYYY): _____
Email Address: _____ **Phone Number:** _____

Mailing Address:

_____
_____
_____

Additional Rider Family Members: *YOUTH MUST PROVIDE PROOF OF BIRTHDATE*
Name: _____ **DOB:** _____ **RATING:** _____
Name: _____ **DOB:** _____ **RATING:** _____
Name: _____ **DOB:** _____ **RATING:** _____
Name: _____ **DOB:** _____ **RATING:** _____

Rider History:
How many years/months have you been sorting and/or team penning? _____
Are you rated in any other associations? If yes, which association and what are you rated? Please include sorting and team penning rating if different.

_____
_____
On a scale of 1 to 7 (1 being beginner and 7 being professional) please rate your ability: _____

- Membership fees are $50.00 annually – membership year begins after the RSTPA National Finals
- New members get a one-year complimentary membership
- Additional memberships for spouses and children under the age of 21 are $25/each
- Lifetime memberships are $300 and $200 for additional family member(s)
- Members give permission to RSTPA to use photos for promotional purposes

_____ _____
Member Signature RSTPA Representative Signature

OFFICE USE ONLY
Temporary Rating:
Membership Valid Until:
Paid by: Cash Check Added to Show Invoice
RSTPA Official Rating: _____ Approved By: _____ Date: