



P.O. Box 223
Raceland, LA 70394
LafourcheRopingClub1@gmail.com
LafourcheRopingClub.com

Membership Application

Member# is for LRC Office Use Only

Name _____ Member# ____ - ____ - ____

Mailing Address _____ City _____ State _____ Zip _____

Birthdate _____ Age _____ (must be 18 & over)

Phone _____ Email Address _____

Emergency Contact(s) _____ Phone(s) _____

Membership Types

Single (\$ 10.00) – a single adult (18 yrs/older) without additional family members

Family (\$ 20.00) – includes spouse and minor children (under the age of 18 as of January 1st, current year)
List each family member, identify whether youth (Y) or adult (A) and provide date of birth (DOB).

Name _____ DOB: _____ | Member# ____ - ____ - ____

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Name _____ DOB: _____ | Member# ____ - ____ - ____

Name _____ DOB: _____ | Member# ____ - ____ - ____

Name _____ DOB: _____ | Member# ____ - ____ - ____

I, (print name) _____ AND MY FAMILY MEMBERS LISTED ABOVE, AGREE NOT TO HOLD THE LAFOURCHE ROPING CLUB, BOARD OF DIRECTORS, CHAIRPERSONS, OR ANYONE INVOLVED IN THE PRODUCTION OF AN EVENT SANCTIONED BY THE LAFOURCHE ROPING CLUB, INC. LIABLE FOR ANY THEFT OR INJURY SUSTAINED AT, TO OR FROM ANY EVENT. I FURTHER AGREE TO BE BOUND BY THE BY-LAWS/RULES OF THE LAFOURCHE ROPING CLUB, AND TO CONDUCT MYSELF IN ACCORDANCE WITH THE OFFICIAL BY-LAWS/RULES. I UNDERSTAND THE LAFOURCHE ROPING CLUB BOARD OF DIRECTORS SOLELY GOVERNS THE INTERPRETATION OF THE BY-LAWS/RULEBOOK.

APPLICANT SIGNATURE: _____ DATE: _____

Signature of parent/legal guardian verifies permission for the youth/minor identified to join the Lafourche Roping Club.

**** Membership fees are non-refundable and non-transferable. ****

For LRC Office Use Only

Amount Paid: _____ Method of payment: Cash: _____ Check#: _____

Received by: _____ Date: _____