



P.O. Box 223  
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[LafourcheRopingClub1@gmail.com](mailto:LafourcheRopingClub1@gmail.com)  
[LafourcheRopingClub.com](http://LafourcheRopingClub.com)

## Membership Application

Name \_\_\_\_\_ | LRC Card# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ (must be 18 & over)

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Method of Contact for Meeting Notices: email or text \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Membership Types

**Single (\$ 10.00)** – a single adult without additional family members

**Family (\$ 20.00)** – includes spouse and minor children (under the age of 18 as of January 1<sup>st</sup>, current year)

List each family member, identify whether youth (Y) or adult (A) and provide date of birth (DOB).

Name \_\_\_\_\_ Y/A, DOB: \_\_\_\_\_ | LRC Card# \_\_\_\_\_

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Name \_\_\_\_\_ Y/A, DOB: \_\_\_\_\_ | LRC Card# \_\_\_\_\_

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. \*\***

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**For Office Use Only**

Amount Paid: \_\_\_\_\_ Method of payment: Cash: \_\_\_\_\_ Check#: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_