



P.O. Box 223  
Raceland, LA 70394  
[LafourcheRopingClub1@gmail.com](mailto:LafourcheRopingClub1@gmail.com)  
[LafourcheRopingClub.com](http://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 1<sup>st</sup>, current year)  
List each family member, identify whether youth (Y) or adult (A) and provide date of birth (DOB).

Name \_\_\_\_\_ DOB: \_\_\_\_\_ | Member# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ | Member# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ | Member# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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.

**PUBLICATION RELEASE:** Pictures and articles about LRC and its events may appear in local newspapers, or on program-affiliated websites and/or social media sites. These pictures and articles may or may not personally identify the person(s). By my signature below, I grant the use of these photos for myself and/or family members and understand the LRC and its affiliated sponsors may continue to use the pictures and/or videos in subsequent years.

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 LRC Office Use Only

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

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