

UPPER LLANOS PRESCRIBED BURN ASSOCIATION

P. O. Box 362 Junction, TX 76849-0362
www.ulswcd.com upperllanos@swcd.texas.gov



MEMBERSHIP PACKET

To join ULPBA:

1. Complete the Membership Application Form, sign it at the bottom and mail to the address above along with your membership fee
2. Please read the Guidelines and Policies and keep them for your files for future reference

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2018 Officers and Directors:
Lewis Allen, President; Sam Jetton, Vice President/Treasurer; Robin Jetton, Secretary;
Carol Akers; Michelle Brangenberg; Cole Holland; Shane Mogford; Claudia Parker; Brian Rieck; Ward Whitworth

MEMBERSHIP APPLICATION FORM

NAME: _____

MAILING ADDRESS: _____

COUNTY WHERE RANCH IS LOCATED: _____

YOUR RANCH'S LIABILITY INSURANCE COMPANY: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE/CELL PHONE: _____ EMAIL: _____

RANCH FOREMAN/MGR INFO: _____

ANY EQUIPMENT YOU MAY HAVE AVAILABLE: _____

MY ANNUAL MEMBERSHIP FEE (FOR THE CALENDAR YEAR) IS ENCLOSED:

1. _____ \$50.00 for active membership in ULPBA.
2. _____ \$50.00 I prefer to be listed as an inactive member at this time.
Please keep me on your mailing list.
3. _____ \$25.00 for associate membership in ULPBA
(No voting rights/cannot check out ULPBA equipment)
Fee is waived for members of KC Volunteer Fire Depts.
4. _____ *I am enclosing an additional donation to help ULPBA with expenses and equipment.*

To join the association, complete and sign this form, enclose your membership fee and mail to the address below.

Mail this membership form, along with your check payable to:
ULPBA
P. O. Box 362
Junction, TX
76849-0362

I understand that ULPBA, its members, officers, and directors cannot sanction or conduct any prescribed burn. I acknowledge and agree that I, along with my liability insurance company, bear complete responsibility for the outcome of any prescribed burn I undertake unless I have hired a certified and insured prescribed burn manager (CPBM) licensed by the Texas Department of Agriculture sanctioned to burn for hire in my geographical area. I agree to indemnify and hold harmless all members of ULPBA from all claims, lawsuits, or other causes of action resulting from any unintended result of my prescribed fire. I further agree that I will follow the guidelines established by ULPBA in order to demonstrate due diligence and reasonable care. I further covenant that I have the authority to represent _____ with my signature below:

(Ranch/Partnership on membership application)

PRINTED NAME

SIGNATURE

DATE