

Elite Bullriders Association
2024 Membership Application

To become a 2024 member this application must be filled out, signed, and mailed with membership dues to Elite Bullriders Association, LLC. 335 Lewis Rd. Lithia, Fl. 33547.

Checks or money orders are to be made out to, **Elite Bullriders Association, LLC.**

FILL OUT COMPLETELY AND LEGIBLY

Date: _____ Name: _____

Birth Date: _____ Age: _____ Social Security # _____ - _____ - _____

Home Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please select type of membership:

Bull Rider \$150: ___ Bronc Rider \$150: ___ Barrel Racer \$150: ___ Judge \$150: ___
Announcer \$150: ___ Barrel Man \$150: ___ Specialty Act \$150: ___ Pick Up Man \$150: ___
Bull Fighter \$150: ___ Stock Contractor \$150 ___ (Bulls ___ and/or Broncs ___)

Member Profile:

Please fill out this section no matter which membership you are requesting. This page will be used to promote our members through the media.

Jacket/Vest Size: XS: ___ S: ___ M: ___ L: ___ XL: ___ 2X: ___ 3X: ___ 4X: ___

Height: _____ Weight: _____

Hobbies: _____

Other Professions/Occupations outside of Bull Riding: _____

Accomplishments: _____

Sponsors: _____

Goals: _____

Signature: _____

Date: _____