

MBRA 2015 Membership Form

Single Membership \$40_____ Family Membership \$60_____

Name_____

Address_____

Phone number_____

Email_____

For Family Memberships, please list the following information:

_____Date of Birth_____

_____Date of Birth_____

_____Date of Birth_____

_____Date of Birth_____

_____Date of Birth_____

_____Date of Birth_____

I/All members of my family understand and will follow the rules put forth by the Midwest Barrel Racing Association when attending/participating in any MBRA event. I understand that competing in an Equine event is dangerous and I do so of my own free will. I agree that I will not hold the MBRA or any members responsible for any accidents or injury while competing at MBRA sponsored events.

Signature_____

Date_____