



TEAM ROPING USA MEMBERSHIP APPLICATION



Membership Fee: **\$45.00**

Family Member Fee: **\$35.00** (Immediate family members)

Children must be 17 years and under to qualify

Name: _____

Address: _____

DOB: _____ SS# _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell or Work: _____

Email: _____

Have you ever been a member of USTRC? Y ___ N ___

If so what Year? _____

USTRC Classification: _____

USTRC Member Number: _____

Important:

I hereby state the above answers to be true. I agree to forfeit my membership fee for any false or misleading information on this application. I will not hold Team Roping USA, its producers, officers, or members responsible for any accidents to myself, my family, my equipment or any of my livestock while driving to, from, or at any Team Roping USA event.

Signature: _____ Date: _____

TRUSA Only

Cash: _____ Check: _____

Received By: _____

Membership #: _____



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