MEMBERSHIP PAYMENT



National Rodeo Association

PO Box 1477 CABOOLTURE QLD 4510 Inquiries: Fax:

(07) 5495 8668 (07) 5495 7384

Central Entries: (07) 5499 1700 ABN: 36 058 447 993

APPLICATION FORMEMBERSHIP

AME:		M-	M-SHIP NO:		'
DDRESS:					
OWN:		STATE	:	P-CODE:	
HONE:	EMAIL	:			
ALL FIELDS	S MUST BE COMPL	ETED AND SIGNED CORRECTL	Y FOR THIS AP	PLICATION TO BE VALID)
classified as Permit Members (not paid at the event before I compet Membership Approval: I underst membership application remains. Junior Membership Requirement must attach a copy of their birth or Rookie Eligibility: A rookie is defit Rookie competitors must notify the Membership Conditions: The NRA of, and agreement to abide by, the	te: this is not related to now e. tand that my membership current on renewal each ye is: A parent or legal guardia retrificate with this applicate a competitor within the NRA Office in writing by A Board reserves the right to be Constitution, Policies, Rulment: I understand that an I HAVE REAL	n of any junior member <u>must</u> also be an N	the completed applications the completed applications and must provide the providing a real citic governing the speach year.	o nominate for rodeos and that all ication and payment have been resign the NRA Code of Behaviour. For usly won a title in that event with June 30th, son. Payment of the membership foort of Rodeo.	I nomination fees <u>must</u> beceived by the NRA. The irst-time junior applican any rodeo association. A
(Must be authorised by Parent/Legal	_	is 18 years of age or under).			
		RENEWAL MEMBER	RSHIP:		
Men's Open:	\$176.00	Ladies Open:	\$176.00	Junior:	\$55.00
		NEW MEMBERSH	HP:		
Men's Permit + Bon	d: \$251.00	Ladies Permit + Bond:	\$251.00	Junior + Bond:	\$70.00
	JUNIOR	UPGRADING TO SENIO	OR MEMBEI	RSHIP:	
Men's Permit + Bon	d: \$236.00	Ladies Permit + Bond:	\$236.00		
	N	ION-COMPETING MEM	BERSHIP:		
Stock Contractor	\$176.00	Associate:	\$ 55.00	· ·	als after January 1 st w of \$15.00 per mont
Official:	\$55.00				newed or resigned afte celled and bond forfeite
PRIZEMONEY PAYOUTS –	Provide vour bank	details below for prizemone	y payouts (com	peting applicants only)	:
Account Name:	•	·		ACC No:	
MEMBERSHIP PAYMENT -	- Indicate your pay	ment method by marking the	e corresponding	g box and following the	directions:
Cheque – Enclosed is	a cheque or mone	y order. Made payable to – N	ational Rodeo /	Association Ltd.	
Direct Deposit – Hav BSB Number: 034 64	· · · · · · · · · · · · · · · · · · ·	RA bank account on/ Number: 285 150. Refe		to National Rodeo As me and "MEM".	ssociation Ltd.
Card – Charge my Ma	asterCard/Visa. Nar	me on Card:			

OFFICE USE	CASH	CHQ	DD	МО	CC	AMT PAID	DATE PAID
ONLY						\$	1 1

All membership applications <u>must</u> be accompanied with payment. Membership fees are inclusive of GST. Card payments will incur an additional 2% surcharge.



NATIONAL RODEO ASSOCIATION

CAN: 058 447 993

ABN: 36 058 447 993

Street Address: Corner of Tuckaroo Drive and Beerburrum Road, Caboolture QLD 4510

Postal Address: PO Box 1477, Caboolture QLD 4510

IMPORTANT NOTICE FOR COMPETITORS - YOU MUST READ THIS CAREFULLY

Rodeo is a dangerous sport, and individuals may get injured in the course of their participation. The Association has put in place Rules and Policies for competition, which are designed to protect the competitors and address issues of animal welfare. However, accidents can happen, and individuals may get injured. While the Association has put in place a list of benefits, which are set out, more particularly below, those benefits are not taken as any form of indemnity and the Association requires that you provide a waiver of your rights in consideration of the matters that are set out below. In requiring this waiver, the Association does so in the interest of the sport of rodeo and the continued operations of that sport in the future and the welfare and interests of its competing members.

WAIVER ACKNOWLEDGEMENT AND INDEMNITY

In consideration of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) do hereby acknowledge and assume any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

Further, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

<u>I am aware</u> that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) <u>I confirm</u> that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I <u>acknowledge</u> that payment of membership binds all members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of rodeo.

EMERGENCY	NAME OF EMERGENCY CONTACT:					
SIGN	APPLICANT SIGNATURE:NAME OF WITNESS:	DATE:/				
ICABLE	THIS SECTION IS ONLY REQUIRED IF	THE APPLICANT IS UNDER 18 YEARS OF AGE.				

NRA Office:

NAME OF WITNESS:

Monday – Friday 9:00am – 3:00pm Phone: 07 5495 8668

Fax: 07 5495 7384

Email: office@nationalrodeoassociation.com.au

PARENT/LEGAL GUARDIAN SIGNATURE:

Central Entries:

Wednesday 10:00am – 2:00pm Thursday 2:00pm – 6:00pm Phone: 07 5499 1700

WITNESS SIGNATURE:

Email: entries@nationalrodeoassociation.com.au

www.nationalrodeoassociation.com.au