

# SEBRA, Inc. 2010 Membership Application

Please Print Legibly. This application must be filled out completely, signed and submitted to SEBRA, Inc, 6111 Canter Road Archdale, NC 27263 (336) 861-2219 / Fax (336) 431-2826  
 Note: 2010 Season starts February 21<sup>st</sup>, 2010.

Date: \_\_\_\_\_ Renewal: Yes \_\_\_ No \_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Coat Size \_\_\_\_\_ Shirt Size \_\_\_\_\_ Boot Size \_\_\_\_\_ Jean Size \_\_\_\_\_

Rookie~ Yes \_\_\_ No \_\_\_ To be eligible for rookie status you must be a first year member and been riding for less than 5 years. (This applies to Bull Riders only.)

### Waiver & Release

By making application to join the SEBRA, Inc, Applicant agrees to participate in SEBRA sanctioned events at Applicant's own risk. Applicant hereby releases and discharges SEBRA and its directors, officers, representatives, employees, stock contractors, producers and agents from liability, loss, claims, damages and expenses for injuries to person, property, reputation or financial condition as a result of or in any way relating to Applicant's participation or failure to participate in any SEBRA sanctioned event, whether caused by negligence, by arena or facility conditions, by the conduct of the SEBRA sanctioned events of the administration or failure to enforce any SEBRA rules, regulations or guidelines, or otherwise. Applicant knows and agrees that by his application on this form he/she completely releases SEBRA and its directors, officers, representatives, employees and agents from any liability, including negligence. Applicant voluntarily chooses to participate in SEBRA sanctioned events, and freely and willingly consents to same. Applicant further acknowledges that he has no absolute property or other right to participate in SEBRA events. Applicants agree to follow and be bound by the rules, regulations, and guidelines of the SEBRA as amended from time to time. Applicant agrees that his sole and exclusive remedy for any disputes is appeal to the SEBRA appeals board pursuant to SEBRA appeal procedures contained in the SEBRA Rule Book and agrees that all decisions of the appeals committee are final and conclusive.

### (Check type of Membership requested)

Producer: \$120.00__	Photographer: \$120.00__	Timer: \$120.00__
Bull Rider: \$120.00__	Judge: \$120.00__	Gate Man: \$120.00__
Stock Contractor: \$120.00__	Bull Fighter: \$120.00__	Back Pen Worker: \$120.00__
Announcer: \$120.00__	Spec. Act: \$120.00__	Other: _____ \$120.00__
Barrel Racer: \$120.00__	Secretary: \$120.00__	

Application must be notarized if applicant is less than 18 yrs of age & signed by parent or guardian.

Unscribed to and sworn this \_\_\_\_\_ Day of \_\_\_\_\_ 2009

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Signature (If Under 18) X \_\_\_\_\_

Check form of payment: Cash: \_\_\_ Check# \_\_\_\_\_ MasterCard: \_\_\_ Visa: \_\_\_ Money Order # \_\_\_\_\_

Complete and sign below for Visa/M.C. payment. Additional \$10 administrative charge for payments applies to credit card.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Required) Last 3 Digits of Code on Back of Card \_\_\_\_\_

(Required) Name on Card and address that your financial institution has listed for you as the billing address.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Received _____ Card# _____
--

[www.gosebra.com](http://www.gosebra.com)

## Bio Information

Please provide the following for the SEBRA website. E-mail mugshot photo in long sleeve shirt and cowboy / cowgirl hat to Gary Miller [gary@gosebra.com](mailto:gary@gosebra.com)  
Information will be used on cowboy / cowgirl profiles and personnel sections for producers, contractors, judges, bull fighters and ect.

Name: \_\_\_\_\_

Hometown: \_\_\_\_\_

Birthday: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hobbies / Interests / Other Careers / ECT. / Rodeo History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards: \_\_\_\_\_

Sponsors: \_\_\_\_\_