

# SEBRA

## 2019 Membership Application

Please Print Legibly & fill out completely. This application must be filled out completely, signed and mailed to SEBRA, Inc, 6111 Canter Road Archdale, NC 27263 or faxed to (732) 399-6249 or scan & email to [chan@gosebra.com](mailto:chan@gosebra.com).

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

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

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

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

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

By signing, the applicant also agrees to have his image used as taken by any SEBRA-authorized photographer for use in promotion of SEBRA and any of its partnerships including producers and sponsors

**(Check the type(s) of Membership requested, check all boxes that apply to you. There is only one fee even if you choose more than one type of membership)**

Announcer: \$150__	Bull Rider: \$150__	Secretary: \$150__
Barrel Man: \$150__	Judge: \$150__	Specialty Act: \$150__
Barrel Racer: \$150__	Photographer: \$50__	Stock Contractor: \$150__
Bull Fighter: \$150__	Producer: \$150__	

Unsubscribed to and sworn this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

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

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

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

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

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

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 Chan Canter [chan@gosebra.com](mailto:chan@gosebra.com)  
Information will be used on cowboy / cowgirl profiles and personnel sections for producers, contractors, judges, bull fighters and etc.

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

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

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

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

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

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

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

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