

REDDING WOMEN'S RODEO ASSOCIATION

MEMBERSHIP APPLICATION

P.O. Box 991508 • Redding, CA 96099-1508

Full Name: _____ Home #: _____
First – Middle – Last Cell #: _____

Mailing Address: _____

Residence Address: _____

Date of Birth: _____ Driver's License #: _____ Marital Status: _____

Maiden Name: _____ # of children: _____ Ages: _____

Employer: _____ How long: _____

Employer's Address: _____ Work #: _____

Are you a U.S. Citizen? _____ How long have you lived in Shasta County? _____

Have you or your spouse ever been a suspect or arrested and/or detained by a law enforcement officer?

Yes: _____ No: _____ If yes, please explain the circumstances and the outcome of the investigation: _____

Have you ever been convicted in a court of law of a felony crime in any state? Yes: _____ No: _____

If yes, what was the nature of the offense, where were you prosecuted and what was your sentence/restitution? _____

Spouses Name: _____ Work #: _____

Give your character references: Please give name, address and phone # of (3) three people NOT related to you by blood or marriage.

1. _____
2. _____
3. _____

Emergency Contacts: Please list name, address and phone # of (2) two persons that we can contact on your behalf.

1. _____
2. _____

Are you a member of any other clubs or organizations? Yes: _____ No: _____ Name of the club(s)/organization(s): _____

If you are a member of any other club(s) or organization(s), will that/those membership responsibilities interfere with this club's activities or responsibilities? Yes: _____ No: _____

Are you prepared to work various functions for the RWRA (banquets, concessions, committees, etc.) and represent the RWRA at these functions? Yes: _____ No: _____

What is your riding experience (length of time & level): _____

What are your riding interest and preferences? Drill: _____ Parade: _____ Trail: _____ Other: _____

Do you plan on riding on the RWRA Drill Team or in parades? Yes: _____ No: _____

Do you own a horse or have access to a horse? Yes: _____ No: _____

Do you own or have access to proper riding equipment/tack? Yes: _____ No: _____

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Description of your horse(s): ****NO STALLIONS ARE ALLOWED ON RODEO ASSOCIATION GROUNDS****

1. Name: _____ Gelding or Mare: _____ Age: _____ Breed: _____
Color/Markings: _____ Owner: _____ Phone #: _____
Disposition of your horse in a group: Gets along with others? _____ Kicks? _____ Bites? _____

2. Name: _____ Gelding or Mare: _____ Age: _____ Breed: _____
Color/Markings: _____ Owner: _____ Phone #: _____
Disposition of your horse in a group: Gets along with others? _____ Kicks? _____ Bites? _____

3. Name: _____ Gelding or Mare: _____ Age: _____ Breed: _____
Color/Markings: _____ Owner: _____ Phone #: _____
Disposition of your horse in a group: Gets along with others? _____ Kicks? _____ Bites? _____

Trailer information: Make: _____ Model: _____ Color: _____
License #: _____ State: _____ Single or tandem axle: _____
Registered owner: _____

Why do you want to join the RWRA? _____

What do you hope to contribute to the RWRA? _____

What is it about horsemanship that motivates you? _____

What would you like to see this organization accomplish in the future? _____

Do you tend to take the role of a leader or a worker/follower in your everyday life? _____

What type of business/career do you have? _____
How often do you get to ride? _____

CERTIFICATION STATEMENT OF RESPONSIBILITY FOR MEDICAL INSURANCE:

I do/do not (circle one) have a valid accident and hospital insurance policy in effect.
Insurance Company: _____ Expiration Date: _____
Group #: _____

I hereby submit my application to the Redding Women's Rodeo Association, stating that all the information provided herein is true to the best of my knowledge and agree to abide by the By-Laws and Rules and Regulations of the Corporation.

Applicant's Signature

Date