

Roping in families since 2006!

2023/24 MEMBERSHIP FORM

Membership Period is 1 July 2023 - 30 June 2024

Name:				Date:	
Address:					
City:			Stat	e: Posto	ode:
DOB:	Age:	Phone:	Er	nail:	
Membership Number	(if previous member)		Header No.:	Heele	r No.:
Membership Type: Membership Fees inc Insurance provides cov from. This policy offers conditions because of a not include Ambulance	Junior 8- Junior 13 Junior 13 Tiny Tot Associat Veterans Family D Family D Stude Personal A ver for members p payments of ben an injury. Insuran	12yrs (\$88) (J 3-17yrs (\$88) ((Free) (<i>Tiny Tot</i> e (\$66) (<i>Non-Ce</i> s (\$88) (<i>Copy of</i> viscount (10%) ccident Insurant participating at offi efits if an insured ce cover is subject	cially sanctioned AT person dies, becom t to the conditions o	nnot turn 18 betweer een 1/7/23 – 30/6/24 nily members eligibl e of GST. Personal A RA events including es disabled, or suffe f the policy. Member	an 1/7/23 – 30/6/24) 4) Accident travel to and ers from certain rship fees do
No. of Years Roping:	Avg.Cat	tches Out of 10): Saddles	Won: Buc	kles Won:
Have you ever competed in: Rope & Tie Steer Wrestling Breakaway Barrel Race					
Do you ride, or have you ridden in any other equestrian sport?					
Who referred you to ATRA?					
Temporary Header No	o.:		Temporary Hee	ler No.:	
Name of Assigning Roper (temporary numbers must be assigned by an ATRA member)					
Referee (an ATRA member who	o has seen you rope)			Contact:	
I hereby state the above and following answers to be true. I will not hold the ATRA, any of its producers or sponsors responsible for any accidents to myself, my family, my equipment, or any of my livestock when driving to, from or while at any ATRA events. I agree to abide by and understand the rules of the Australasian Team Roping Association and each event producer as set out. I also understand that and agree that my image may subsequently be used for publicity or promotional purposes or TV rights, my name and/or pictures of me participating in this association without any obligation or liability from me. In making this Statement and Release, I further acknowledge that I am aware that equine events are dangerous sports, and that serious injury can frequently occur. I understand that the ATRA endorses the guidelines of care for livestock as set out by the <i>National Consultative Committee on Animal Welfare (2006) for the Care and Treatment of Rodeo Livestock</i> . I further acknowledge that I have read this statement and understand its contents.					
Competitor Signed:				Date:	
Emergency Contact N	lame:			Phone No.:	
The following must be completed if applicant is a minor: I declare that I am one of the parents/legal guardians of the above named minor; that I have carefully read the foregoing Statement and Release, that I know the representations made are true; and that I agree to be bound by the terms of the Statement and Release both personally and as a representative of the interest of the minor.					
Parent/Guardian Sign	ed:			Date:	
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www.teamroper.com.au