

Northern Illinois Outlaws

2017 Membership Application

Mail to: Kathy Retzke, NIO Treasurer
N630 Ridge Rd, Walworth, WI 53184

Name: _____ Date _____
Address: _____ DOB _____
City: _____ State: _____ Zip Code: _____
Home Phone # : _____ Cell#: _____
E-Mail: _____ Alias _____ Male Female
CMSA # _____

Family Members Included

Name: _____ Date of Birth _____
E-Mail Address _____ Alias _____ Male Female
CMSA # _____
Name: _____ Date of Birth _____
E-Mail Address _____ Alias _____ Male Female
CMSA # _____
Name: _____ Date of Birth _____
E-Mail Address _____ Alias _____ Male Female
CMSA # _____

Membership Options (check all fees that apply):

Dues to Join NIO- Associate \$10.00 Individual \$40.00 Family \$55.00
Dues to Join CMSA- Supporting \$25.00 Associate \$35.00 Individual \$70.00 Family \$100.00

NIO Membership Amt \$ _____ CMSA Membership Amt \$ _____ Total \$ _____

Announcer Information:

Horse Name _____ Horse Name _____ Horse Name _____
Horse Breed _____ Horse Breed _____ Horse Breed _____

2016 Liability Release Form: I understand that I am participating in a sport, which contains dangers, and risks may arise, including but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided to me by the Northern Illinois Outlaws (NIO) and the Cowboy Mounted Shooting Association (CMSA) and its agents and arena/land owners and sponsors, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members or employees from any and all such claims and indemnity from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Signature of applicant: _____ Co-applicant _____

Signature of parent or legal guardian _____ Date: _____

Office Use Only:	Date Paid	Amount Paid	Cash	Check No.
	Date Paid to CMSA			