

Northern Illinois Outlaws

2018 Membership Application

Mail to: Kathy Retzke, NIO Treasurer

N630 Ridge Rd, Walworth, WI 53184

Main Member #1 Name: _____ Today's Date _____.

Address: _____ DOB _____.

City: _____ State: _____ Zip Code: _____ CMSA # _____.

Home Phone #: _____ Cell #: _____.

E-Mail: _____ Alias _____ Male Female

Family Members Included:

#2 Name: _____ Date of Birth _____ CMSA # _____.

E-Mail: _____ Alias _____ Male Female

#3 Name: _____ Date of Birth _____ CMSA # _____.

E-Mail: _____ Alias _____ Male Female

#4 Name: _____ Date of Birth _____ CMSA # _____.

E-Mail: _____ Alias _____ Male Female

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:

#1 Rider Name _____ #2 Rider Name _____.

Horse Name _____ Horse Name _____.

Horse Breed _____ Horse Breed _____.

#3 Rider Name _____ #4 Rider Name _____.

Horse Name _____ Horse Name _____.

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 #1 _____ Co-applicant #2 _____

Co-applicant #3 _____ Co-applicant #4 _____

Signature of parent or legal guardian _____ Date: _____

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