



# Northern Illinois Outlaws

## 2019 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

*Horse Name:* \_\_\_\_\_ *Horse Breed:* \_\_\_\_\_.

### Family Members Included:

#2 Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ CMSA # \_\_\_\_\_.

E-Mail: \_\_\_\_\_ Alias \_\_\_\_\_  Male  Female

*Horse Name:* \_\_\_\_\_ *Horse Breed:* \_\_\_\_\_.

#3 Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ CMSA # \_\_\_\_\_.

E-Mail: \_\_\_\_\_ Alias \_\_\_\_\_  Male  Female

*Horse Name:* \_\_\_\_\_ *Horse Breed:* \_\_\_\_\_.

#4 Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ CMSA # \_\_\_\_\_.

E-Mail: \_\_\_\_\_ Alias \_\_\_\_\_  Male  Female

*Horse Name:* \_\_\_\_\_ *Horse Breed:* \_\_\_\_\_.

### 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 \$ \_\_\_\_\_

**Checks should be made out to the Northern Illinois Outlaws**

**2019 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 Number:
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