



Northern Illinois Outlaws

Membership Application

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

Main Member Name: _____ Today's Date _____
Address: _____ DOB _____
City: _____ State: _____ Zip Code: _____ CMSA #: _____
Home Phone #: _____ Cell #: _____
Email: _____ Alias: _____ Male Female

Horse Name: _____ *Breed:* _____

Family Members Included:

#2 Name: _____ DOB _____
CMSA #: _____ Alias: _____ Male Female

Horse Name: _____ *Breed:* _____

#3 Name: _____ DOB _____
CMSA #: _____ Alias: _____ Male Female

Horse Name: _____ *Breed:* _____

#4 Name: _____ DOB _____
CMSA #: _____ Alias: _____ Male Female

Horse Name: _____ *Breed:* _____

Membership Options (check all fees that apply):

Join NIO- Associate \$10.0 Individual \$40.00 Family \$55.00
Join CMSA- Supporting \$25.00 Associate \$35.00 Individual \$70.00 Family \$100.00

NIO MEMBERSHIP: _____ **CMSA MEMBERSHIP:** _____ **TOTAL** _____

Checks should be made out to the Northern Illinois Outlaws

2020 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: _____ **#2:** _____

#3: _____ **#4:** _____ **Date:** _____

Office Use Only:	Date Paid:	Amount Paid:	Cash:	Check Number: