



# Northern Illinois Outlaws

## 2023 Membership Application

Mail to: Ashley Owens, NIO Treasurer  
20316 98th Street, Bristol, WI 53104

**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 \$15.00  Individual \$45.00  Family \$65.00

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

**2023 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:
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