



2016

TOBRA MEMBERSHIP

NAME _____ DOB ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

*****www.TOBRA.info and Facebook is our primary form of communication*****

FAMILY MEMBERSHIP

The Family Membership Program applies to two (2) or more family members living in the same house. Family members are defined as: Husband, Wife, Parent, Child, Sister, Brother, Grandchild, Grandparent, or legal guardian. Family members may be added at any time. However, the new member(s) will expire at the same time as the existing members.

Additional Members:

2nd Adult _____ DOB ____/____/____ \$20.00

3rd Adult _____ DOB ____/____/____ \$20.00

Children 18 & Under (*Age is determined by actual age on January 1st of the year in which this application is being submitted*)

CHILD _____ DOB ____/____/____ \$10.00

CHILD _____ DOB ____/____/____ \$10.00

CHILD _____ DOB ____/____/____ \$10.00

Total Fees Submitted _____

MAKE CHECKS PAYABLE TO TOBRA - \$30 FEE CHARGED ON RETURNED CHECKS

In making application for membership in the Texas Oklahoma Barrel Racing Association (TOBRA), I hereby agree to abide by all of its rules and regulations. Applicant(s) acknowledges that he or she has no absolute property or other right to participate in TOBRA events. Membership is good for twelve (12) months. Rule books maintained online at www.TOBRA.info

MEMBER SIGNATURE: _____ Date: _____

Signed: _____ Date: _____

If applicant is a minor, parent and/or guardian must sign above.