



2010 Membership Application



CMSA Club Code: MN1

<input type="checkbox"/>	MMSA Individual Membership Includes: Opportunity to participate and compete in all MMSA shoots and events. Does not include CMSA membership benefits.	\$ 25.00
<input type="checkbox"/>	MMSA Family Membership Includes: Opportunity to participate and compete in all MMSA shoots and events. Does not include CMSA membership benefits.	\$ 35.00
<input type="checkbox"/>	Combined MMSA & CMSA Individual Membership includes: Competition Card, Decal, Riders Rulebook, 1-year subscription to the "CMSA Rundown" Newspaper and Points Tracking Services.	\$ 85.00
<input type="checkbox"/>	Combined MMSA & CMSA Family Membership includes: CMSA Cardholders living in one household will receive a Decal & Competition Card, Points Tracking Services, one Riders Rulebook & one "CMSA Rundown" Newspaper per household.	\$ 125.00
<input type="checkbox"/>	CMSA Associate Membership includes: Non-competing Associate cardholder will receive an Associate Card, a 1-year subscription to the "CMSA Rundown" Newspaper and Decal.	\$ 25.00
<input type="checkbox"/>	Optional: CMSA Pro Status is available to all Classes and Levels of competition. To be eligible to enter any sanctioned CMSA Pro, Double Down or stand alone CMSA Pro event the CMSA member shall possess a CMSA Membership Card with Pro status noted. Cost is \$25.00 per competition year per member. Please indicate below which member(s) is adding Pro status to their CMSA membership and add the appropriate amount in the box to the right (\$25.00 per CMSA member below adding pro status).	\$
Total Due with Application - all checks payable to Minnesota Mounted Shooters Association (MMSA)		\$

ALL INFORMATION REQUIRED: New / Renewal CMSA # _____ Level _____ Pro Status
 Name _____ Date of Birth _____ Male / Female
 Address _____ City _____ State _____ Zip _____
 Daytime Phone (_____) _____ Cell Phone (_____) _____
 E-Mail Address _____

FAMILY MEMBERS	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status
	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status
	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status
	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status

(Please use another sheet for additional family members)

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 for me by the Minnesota Mounted Shooters Association (MMSA) and its agents, 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 cardholders, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. By joining MMSA, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce Cowboy Mounted Shooting Association (CMSA) Rules as stated in the CMSA Rule Book and all MMSA Club Policies. This Solidarity Agreement binds all CMSA Members to enforce CMSA Rules and assure our competition cardholders they will play the same game coast-to-coast when they travel for CMSA competitions. If the undersigned has elected a joint membership in the MMSA and the CMSA, the above statements apply to and include both associations. By signing below I also state that I am not prohibited by law to use or handle firearms and I have never been convicted of a felony nor have criminal charges pending.

Signature of Applicant Required if over 18 years of age / Date

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MMSA Office Use Only

Amount Tendered: \$ _____ Cash _____ or Check # _____ Date: _____ Received by: _____

Mail completed form and check to: Lisa Grimsley 6001 Prairie Rose Dr St. Cloud, MN 56303 Phone: (320) 493-7493

Visit our website: www.mncmsa.com or email us at cmsamn@hotmail.com