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2025 MEMBERSHIP FORM

**** MEMBERSHIP DUE LAST DAY OF ENTRIES FOR RODEO AND POINTS TO COUNT****

MEMBERSHIP DUES:

\$183.75 CDN (\$175+GST)

Roughstock Only Memberships: \$99.75 CDN (\$95+GST)

We take Visa or Mastercard, E-transfer, Cash or Cheque (chqs payable to: Canadian Classic Rodeo Association, there is a \$10 fee for credit card transactions)

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

City

Prov/State

Postal/Zip Code

Birthdate: _____ **Age as of Dec 31, 2025:** _____

Month

Day

Year

New Member: No _____ Yes _____ CCRA Card Number: _____

What existing CCRA member was most influential in you joining the CCRA: _____

Events participating in: Bareback Saddle Bronc Bull Riding Steer Wrestling Ladies Barrel Racing
(Please circle) Team Roping Ribbon Roping Ladies Breakaway Men's Breakaway Tie Down Roping

MEN: If you are entering Tie Down 60+ and Tie Down 68+, you must declare which of the two events you would like to count for All Around points: _____

LADIES: All 68+ Barrel Racers must declare which of the two age groups, LBR60+ or LBR68+, they wish to compete in and have their points count for: _____

HOW WOULD YOU LIKE TO BE PAID OUT?

E-Transfer: YES _____ (email if different than above) _____

Rodeo Cheque: YES _____ (mailed out to above address) _____

RELEASE: I do hereby release, acquit and forever discharge the CANADIAN CLASSIC RODEO ASSOCIATION and all rodeos approved by same, including all PRODUCERS and RODEO COMMITTEES from all claims, demands and causes whatsoever, arising from and growing out of any personal injuries or damage sustained by me, or to my property, by virtue of any participation as a contestant or worker, in any certain rodeo, approved by the CANADIAN CLASSIC RODEO ASSOCIATION, as well as any and all claims, demands, and causes of action of whatsoever kind or character, which I, or my heirs, executors, or administrators, now have or may hereafter have cause against CANADIAN CLASSIC RODEO ASSOCIATION approved rodeos. I have read and fully understand the meaning and effect of this release and do hereby agree.

Member Signature: _____ Dated: _____

I grant the CCRA permission to use my contact info for a directory used by the Association. Yes _____ No _____

Please send this form along with a copy of either your driver's license, birth certificate or passport to:
VIA MAIL: BOX 1031, CARDSTON, AB T0K0K0 or VIA EMAIL: info@canadaseniorrodeo.com