

431 South Cascade Ave. Colorado Springs, CO 80903 Phone: (719) 447-4627 Fax: (719) 447-4631

Email: membership@wpra.com

USE FOR 2023

Women's Professional Rodeo Association World Championship Breakaway Roping

Roping Membership Application Members must be 18 years or older

SELECT A CARD TYPE	lam a 🔲 N	IEW Member	RETURNING Member	Member No.	
WPRA Permit \$325 Permits are for members who have not yet earned \$1000.			MI Legal Last		
	Maiden Name Announced Name				
	Mailing Address				
You may compete at all WPRA approved events accepting permits.	City		State/Province	F '1	Zip
Must submit copy of birth certificate within 30 days.	Cell () Citizen of l SSN/EIN	U.S. Other	ome/Office () Date of Birth N FATCA (Email /	(MM/DD/YEAR)
Pro Rodeo Breakaway \$395 You may compete in Pro Rodeo Breakaway, Pro Rodeo Barrels and Divisional Circuit Events	Circuit Design Returning Men paperwork. Nen Resident of thi Voting Design	mation for Circui mber-Defaults to w Member-Defau is circuit? Yes	t Standings (Rules 8.4.2./8.5 prior membership information if a lits to mailing information if not No (If not checked resident t/Division (Rules 3.4.5/3.4.6) and type if not identified.	.2.)	aiming Rule 8.4.2 attach ing Rule 8.4.2 attach paperwor mailing address provided above
WPRA Roping Division \$190 You may compete in Divisional Circuit roping events only.	Trade lists will be sent by email/text from Procom I decline to be on trade lists.				
			Last Name		
	Relationship Type (e.g. Brother, Son, Husband) AGREEMENT & RELEASE				
	The 2023 Rodeo year starts on 10/1/2022. If renewing, you must pay your 2023 membership before 12/31/2022 per rule 1.3.4.1.2. to avoid late fines per rule 1.3.4.1. I am submitting a late application. Add my late fine to this transaction. Late charges only apply to returning members from the previous year. I WILL PAY BY: Check Credit Card Visa MasterCard Discover AMEX Card Number:	CERTIFICATION OF IRS INFORMATION: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number, AND 2) I am not subject to withholding due to failure to report interest and dividence income, AND 3) I am a U.S. person, AND 4) the Foreign Tax Compliance Act code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. You MUST cross out item 2) if you have been notified by the IRS that you are currently subject to backup withholding because of unreporting of interest or dividends on your tax return. You must sign below or your application will be returned to you. Application must be completed in full, with signature and full payment. FOR NEW MEMBERS BIRTH CERTIFICATES MUST EITHER ACCOMPANY APPLICATION OR BE RECEIVED BY THE WPRA OFFICE WITHIN THIRTY DAYS OR MEMBERSHIP AND POINTS EARNED WILL BE VOIDED. Applicant must be at least 18 years of age or the age of majority in the state in which the applicant is a citizen, whichever is greater. Applicant agrees to be bound by the Articles of Incorporation, Bylaws and Rules of the WPRA, as applicable. Applicant further acknowledges that participation in a rodeo as a competitor exposes the participant to serious risk of property damage, personal injury or death. Applicant assumes the risk of competition in any rodeo entered and expressively waives and releases any and all claims applicant may now have, or may in the future, fo property damage, personal injury or any other claim which applicant now has, or may have in the future against WPRA, its officers, directors, employees, WPRA sponsors, the PRCA, or any WPRA/PRCA-sanctioned rodeo entity, their affiliated, related or subsidiary entities, any committee, any rodeo or barrel race producer, or production entity. This provision shall be binding upon applicant, her spouse, legal representatives including parents or guardians, heirs, successors, and assigns.			
Security Code: Expiration Date: Billing Address:	ON WWW.WPRA WPRA OFFICE W DOCUMENTATIO MEMBERSHIP 19 ASSOCIATION) N	A.COM. ALL PAPERN VITHIN 30 DAYS OF DN DOES NOT OBLIG S CONTINGENT OI WILL BE DECLINED	COMPLIANCE WITH ALL WPRA RUNORK, INCLUDING A COPY OF YO SIGNING THIS APPLICATION. SUB GATE WPRA TO CONFIRM MEMBER N COMPLIANCE WITH RULE 1.1. OR IMMEDIATELY REVOKED IF N	OUR BIRTH CERTIFIC MISSION OF PAYME RSHIP. .15 (FINANCIAL INT OT IN COMPLIANCE	ATE, MUST BE RECEIVED BY TH NT ALONE WITHOUT APPLICABL EREST IN CONFLICTING RODE APPLICANT CERTIFIES THAT SH
City: State: Zip:			REST IN A CONFLICTING RODEO AS:		
State: Zip:		levenue Service doe oid backup withhol	es not require your consent to any ding.	provision of this doci	ument other than the certification
PAYMENT MUST BE RECEIVED BEFORE APPLICATION WILL BE PROCESSED.			be of the WPRA Privacy Policy and epresentatives information contain		
	APPLICAN	NT SIGNATU	RE		DATE
			Paid \$		