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## MEMBERSHIP FORM 2017

Date \_\_\_\_\_ WSBBA Membership # (office use only) \_\_\_\_\_

Name \_\_\_\_\_

Ranch Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Contact preference: (circle one)      Email      or      US Mail

### ALL MEMBERS MUST SIGN

As a condition to membership, the undersigned party agrees to become familiar with and be bound by the rules of the Western States Bucking Bull Association. The undersigned expressly agree to have all disputes related to compliance with or violation of these rules resolved by the procedures provided in the rules. The undersigned agrees to attend and participate in WSBBA Sanctioned events at applicant's own risk. The undersigned agrees that by his/her signature on application, he/she releases the WSBBA and its directors, officers, representatives, employees, producers and agents from any and all liability, loss, claims and damages, including negligence. Upon the purchase of membership the undersigned voluntarily chooses to participate in WSBBA Sanctioned events and abide by all WSBBA Standing Rules and Bylaw.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEMBERSHIP Dues-

One year: \$115.00

Money Order, Cashier Check, Personal Check or Cash

Make checks payable to Western States Bucking Bull Assoc. (WSBBA)

Amount Enclosed \_\_\_\_\_

We accept Credit cards but will add 3% on all charges.

Credit Card Number: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Exp Date: \_\_\_\_\_ CSV (back of card): \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Please Remit All Membership To:  
Western States Bucking Bull Association (WSBBA)  
PO Box 347  
Jerome, ID 83338