



Email: wsbba2009@gmail.com
Website: www.wsbulls.com
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PO Box 347
Jerome, ID 83338
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MEMBERSHIP FORM 2021

Date _____ WSBBA Membership # (office use only) _____
Name (what you will enter events as) _____
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 Bylaws.

Signature _____ Date _____

MEMBERSHIP Dues-

One year: \$150.00

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**