



# OGRA Membership Application

First Name:   
 Last Name:   
 Address:   
 Address:   
 City:   
 State:   
 Zip:   
 County (Oklahoma only):   
 Phone (Home):   
 Phone (Cell):

Text Messaging Okay?

E-Mail Address:

Membership Classification and Dues: (Dues are assessed and payable yearly, beginning October 1st.)

fold here

**Membership Application must accompany payment of dues.**

- |                    |   |
|--------------------|---|
| General: (\$20.00) | All rights, privileges, and responsibilities <b>INCLUDING</b> the right to <b>VOTE</b> on organizational matters. |
|--------------------|---|
- |                      |  |
|----------------------|--|
| Associate: (\$15.00) | All rights, privileges, and responsibilities <b>EXCEPT</b> the right to <b>VOTE</b> on organizational matters. |
|----------------------|--|
- |                       |   |
|-----------------------|---|
| Commercial: (\$30.00) | All rights, privileges, and responsibilities <b>EXCEPT</b> the right to <b>compete</b> at IGRA sanctioned rodeos and/or events; and the right to <b>VOTE</b> on organizational matters. |
|-----------------------|---|

CASH:  CHECK/Money Order #:   
 Rec. By: \_\_\_\_\_ (Make Checks payable to OGRA)

**LIABILITY WAIVER:** I, , do hereby waive all liability of OGRA, all its membership associations and affiliates, their officers and members, clubs, bars, related facilities, and Rodeo facilities, the City, the County, the State and all of their entities where an OGRA activity is held, for loss or injury caused to my person, property, or other person or property, for the duration of said activity.

Signed this:  day of

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**NAME AND PHOTO RELEASE:**

My Name  be used.

My Photo  be taken and used by the OGRA and/or the news media.

*I fully understand that if I indicate "can" that these pictures become the sole property of OGRA.*

Signed this:  day of

**Signature:** \_\_\_\_\_

Mail To: 

OGRA PO Box 12485 Oklahoma City, OK 73157-0485
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