



**Arizona Cowboy Mounted Shooters Association**  
**2009 Membership Application (Print & mail with dues)**

<b>Mail with payment to:</b> <b>ACMSA</b> <b>PO Box 10998</b> <b>Glendale, AZ 85318</b>
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Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Birthday \_\_\_\_\_ (CMSA requirement)

**Membership Dues (Covers January 1st thru December 31st of any calendar year.)**

	Single ACMSA	Single ACMSA + CMSA	Family ACMSA	Family ACMSA + CMSA
<b>Renewal</b> <i>before 2/15/09</i>	\$45	\$80	\$60	\$125
<b>Renewal</b> <i>after 2/15/09</i>	\$45	\$95	\$60	\$140
<b>New Membership</b>	\$45	\$105	\$60	\$150
<b>*Associate</b>	\$25			

\*All participants must have a CMSA card to compete at any ACMSA event  
 \*Associate ... For people who do not shoot, but would still like to receive newsletters, emails and be on our mailing list.  
 This is a Non-Voting Membership.

I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Arizona Cowboy Mounted Shooters Association and its agents, I have and do hereby assume the risks associated with such events.

The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

**List of Family Members: (Please list additional family members on back of application if needed.)**

Self: CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Cowboy \_\_\_\_\_ Cowgirl \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse's Name \_\_\_\_\_ CMSA # \_\_\_\_\_

Level \_\_\_\_\_ Cowboy \_\_\_\_\_ Cowgirl \_\_\_\_\_ Birthday \_\_\_\_\_

Dependant \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Cowboy \_\_\_\_\_ Cowgirl \_\_\_\_\_

**Signature of Applicant Required**

\_\_\_\_\_ **Date** \_\_\_\_\_