



2012

Mail with payment to:
ACMSA
PO Box 42391
Phoenix, AZ 85080

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

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone (____) _____ Home Phone (____) _____
Cell Phone (____) _____ Email _____
Birthday _____ (CMSA requirement)

Membership Dues (Covers after World thru World of the next calendar year.)
CMSA has raised its dues, but ACMSA dues have stayed the same.

*Single ACMSA Membership \$45.00 _____	Single ACMSA + CMSA Membership \$115.00 _____	*Family ACMSA Membership \$60.00 _____	Family ACMSA + CMSA Membership \$160.00 _____
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**Associate Membership \$25.00 _____ CMSA only - Single \$70 _____ or Family \$100.00 _____

*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 _____