DR TPA

P. O. BOX 356 * MAGEE, MS * 39111
E-MAIL: drtpa@earthlink.net * WEBSITE: drtpa.com

2011/2012 NEW MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME: _____ **SOCIAL SECURITY NO.** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NO.: (HOME) (_____) _____ **(WORK) (_____)** _____ **FAX: (_____)** _____

(CELL) _____ **E-MAIL:** _____

PLEASE LIST ANY TEAM PENNING ASSOCIATION IN WHICH YOU ARE A MEMBER ALONG WITH YOUR RATING IN THAT ASSOCIATION:

1. _____ **2.** _____ **3.** _____

ALL NEW MEMBERS TO DRTPA MUST ANSWER THE FOLLOWING QUESTIONS:

HOW LONG HAVE YOU BEEN RIDING HORSES IN COMPETITION OF ANY KIND? _____ **HOW LONG HAVE YOU BEEN PARTICIPATING IN TEAM PENNINGS OR SORTINGS?** _____ **DO YOU RECEIVE PAYMENT FOR RIDING OUTSIDE HORSES?** _____

DO YOU COMPETE IN BACKYARD JACKPOTS? _____ **DO YOU COMPETE IN ASSOCIATION SANCTIONED PENNINGS & SORTINGS?** ____

DO YOU COMPETE IN OPEN PENNINGS & SORTINGS? _____ **HOW OFTEN DO YOU COMPETE IN PENNINGS AND SORTINGS?** _____

HOW MUCH MONEY DID YOU WIN IN ANY TEAM PENNINGS OR SORTINGS FROM OCTOBER 1, 2010 TO SEPTEMBER 30, 2011?
PLEASE CIRCLE ONE

(1) $ -0- to $500 (2) $501 to $2,000 (3) $2,001 to $3,500 (4) $3,501 to $5,000 (5) $5,001 to $7,500

$7,501 to $10,000 $10,001 to $15,000 $15,001 to $20,000 $20,001 and over

IF YOU ARE RATED AS AN OPEN RIDER IN ANY NATIONAL ASSOCIATION, YOU WILL BE RATED A # 5 RIDER IN DRTPA.
PLEASE RATE THE HORSE ON WHICH YOU WILL NORMALLY COMPETE ON A SCALE OF # 1 TO # 5 WITH ONE (1) BEING AN INEXPERIENCED MOUNT AND FIVE (5) BEING A WELL TRAINED TEAM PENNING HORSE. _____.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. DRTPA'S RATING SYSTEM IS BASED ON YOUR HONESTY. HONESTY IS THE BEST POLICY. IF YOU CHOOSE NOT TO ANSWER THE QUESTIONS HONESTLY, AND IT CAN BE PROVEN; YOUR CLASSIFICATION WILL IMMEDIATELY BE RAISED TO THE HIGHEST CLASSIFICATION USED FOR AN OPEN RIDER.
THE YEARLY MEMBERSHIP DUES ARE $30.00 FOR AN INDIVIDUAL AND $40.00 FOR A FAMILY. FAMILY IS DEFINED AS HUSBAND, WIFE, AND ANY CHILDREN UNDER THE AGE OF 18 LIVING AT HOME. RETURN THIS COMPLETED FORM AND MEMBERSHIP DUES TO: DRTPA – P. O. BOX 356 – MAGEE, MS 39111.

PARTICIPATION IN DRTPA EVENTS – TERMS AND CONDITIONS:

I hereby covenant not to sue and agree to indemnity, and save and hold harmless "DIXIE REGION TEAM PENNING ASSOCIATION", its agents, employees, representatives, producers, and all others in any way connected with the production and operation of the event, and the facilities from any claim, demand, or liability for personal injuries or property damage arising from participation or use and enjoyment of the event and facilities. Further, my consent is given for my membership information to be given to fellow DRTPA membership. This consent will remain in effect for a period of one (1) year. The undersigned has read and voluntarily signed the covenant and indemnity agreement, and further agrees that no oral representation, statement of inducements apart from the foregoing agreements have been made.

SIGNED: _____ **JACKET SIZE:** _____ **T-SHIRT SIZE:** _____ **DATED:** _____

NOTE: This consent/release must be signed by a parent or guardian for all membership/contestants who are minors.