

2009 Membership

Application



Louisiana State Gay Rodeo Association

\$ 15 Associate (nonvoting)

\$ 25 Individual (full / voting)

\$ 150 Corporate Sponsor

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OK to receive LSGRA mail? Yes No EMAIL: _____

OCCUPATION: _____ BIRTHDAY: _____

PHONE: _____

COMMENTS: _____

Cash Check [# _____] Driver's License _____

By signing this Membership Application, the Undersigned Applicant agrees, as to his/her duties as a member, to conduct himself/herself so as to conform to the bylaws of LSGRA, Inc., and any rules and regulations duly and validly adopted by the Directors, the Officers, any Committee or the Membership of LSGRA, Inc. The undersigned further agrees, in connection with his/her participation or attendance in/at any event held by or for the benefit of LSGRA, Inc., to always comply with all applicable laws, and shall hold harmless LSGRA, Inc. from any and all damage, injury or death which might occur to the undersigned or the undersigned's property before, during or after any function involving LSGRA, Inc. Failure to honor the commitments set forth above, or to pay dues, may result in termination of membership. I further hereby certify that I am over 21 years of age.

APPLICANT'S SIGNATURE

DATE

LSGRA OFFICIAL