

INDIANA MOUNTED REGULATORS 2012 MEMBERSHIP APPLICATION

Make checks payable to
INDIANA MOUNTED REGULATORS

Send check and application to:
INDIANA MOUNTED REGULATORS
c/o Teresa Wilson
4879 West 500 North
Marion, IN 46952

Name:		CMSA#:	Level:
Phone:		Birth Date:	Age:
Address:		Email:	
City:		Cell Phone:	
State:	Zip:	Emergency #:	
Family Members			
Name:	CMSA#:	Level:	Age:
Name:	CMSA#:	Level:	Age:
Name:	CMSA#:	Level:	Age:

Membership Dues ___ \$ 40.00 **Individual** ___ \$ 60.00 ***Family**

\$ _____ **Total amount enclosed (including CMSA Membership)**

***Family** - Those persons living under the same roof in a spousal relationship and/or their children under the age of 21 who are still enrolled as a full time student.

Liability Release Form

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 Cowboy Mounted Shooting 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.

Signature of Applicant Required: _____ **Date** _____

For more information regarding the **INDIANA MOUNTED REGULATORS**, or membership contact:

Indiana Mounted Regulators website		http://indianamountedregulators.com/
Marcy Luttrell, President	765-860-4546	or luttrellinc@yahoo.com
Terry Martin, Vice President	260-768-4543	or tmartin@lagrangesd.com
Doug Kopis, Secretary	765-244-9431	or dougko683@gmail.com
Teresa Wilson, Treasurer	765-618-0644	or teresabeth@comteck.com

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12/1/2012