NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

SCHOOL MEMBERSHIP APPLICATION

1. Complete entire application.
2. Enclose school check, money order, or cashier's check.
3. List all names and addresses of additional coaches to receive membership cards. Only those coaches who are recognized by the college/university and listed on this application will be eligible for credentials at the CNFR.
4. List all names and addresses of faculty and/or coaching staff purchasing accident insurance.
5. **SIGN APPLICATION.** **MUST** be signed by both president of school and advisor or coach of school.
6. Mail completed information to:

NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION
2033 Walla Walla Avenue
Walla Walla, Washington 99362

DUE IN NATIONAL OFFICE BEFORE FIRST MASTER ENTRY LIST DISTRIBUTED.
NO TEAM POINTS WILL BE DISTRIBUTED IF NOT CURRENT MEMBER.

Type or Print Clearly

NIRA # _____

NAME OF SCHOOL _____ FACULTY ADVISOR _____

All NIRA correspondence shall be addressed to ❑ COACH ❑ ADVISOR

Place applicable address in the following: _____

ADDRESS OF MEMBER SCHOOL _____

CITY _____ STATE _____ ZIP _____ - _____

SCHOOL PHONE NUMER (_____) _____ EXT _____ FAX (_____) _____

WEB ADDRESS _____

HOME ADDRESS OF ADVISOR _____

CITY _____ STATE _____ ZIP _____ - _____ PHONE _____

IS YOUR SCHOOL (check one) ❑ SEMESTER ❑ QUARTER EMAIL _____ CELL _____

Each NIRA member school is entitled to the NIRA publication. Name and address of person to receive publication if other than advisor:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

WILL YOU SPONSOR A NIRA RODEO THIS YEAR (check one) ❑ YES ❑ NO

DATES OF RODEO(S), _____

- **ALL** schools will abide by the governing rules of the NIRA and so affirm when NIRA membership is purchased.
- **ALL** schools will promptly supply materials and information as requested by the NIRA.
- **ALL** official NIRA correspondence will be addressed to the faculty advisor. It is his/her responsibility to deliver the information to NIRA members.

President Name _____ *(printed)*

_____ *SIGNATURE OF PRESIDENT OF SCHOOL* _____ *DATE* _____ *SIGNATURE OF ADVISOR/COACH* _____ *DATE*

NIRA school membership dues are $300.00 per NIRA year. This includes membership fees, Rawhide and NIRA publication. Faculty advisors/coaches may purchase NIRA accident insurance coverage. Medical insurance provided by the NIRA is excess over any valid and collectible insurance.
Cost for this coverage is $145.00 per person.

❑ **Enclosed** is $300.00 for dues

❑ **Enclosed** is $_____ for late fine

❑ **Enclosed** is $145.00 for each person purchasing insurance.

TOTAL REMITTED $_____

NAMES of additional coaches to receive membership cards:

_____

_____

NAMES of additional faculty/coaching staff purchasing accident insurance:

_____

_____

NO TEAM POINTS WILL BE AWARDED UNTIL SCHOOL DUES ARE PAID.

(Use back of application, if necessary)

OFFICE USE ONLY

NIRA # _____

Region _____

School _____

Amount Enclosed $_____

Memb _____ Ins _____

Publ _____ Pin _____

Prem _____ Rawhide _____

Other _____

CR Page

_____

MO / CC / SC / PC / CASH