



# Membership Application

CMSA Club Code: MN1

<input type="checkbox"/>	<b>Combined MMSA &amp; CMSA Individual Membership includes:</b> Competition Card, Decal, Riders Rulebook, one 1-year subscription to the "CMSA Rundown" Magazine and Points Tracking Services.	<b>\$ 85.00</b>
<input type="checkbox"/>	<b>Combined MMSA &amp; CMSA Family Membership includes:</b> CMSA Cardholders living in one household will receive a Decal & Competition Card, Points Tracking Services, one Riders Rulebook & one 1-year subscription to the "CMSA Rundown" Magazine per household.	<b>\$ 125.00</b>
<input type="checkbox"/>	<b>Combined MMSA &amp; CMSA Associate Membership includes:</b> Non-competing & Single Season Competing Associate cardholder will receive an Associate Card, a 1-year subscription to the "CMSA Rundown" Magazine and Decal. See rulebook for additional requirements.	<b>\$ 60.00</b>
<input type="checkbox"/>	<b>Optional: CMSA Pro Status</b> is available to all Classes and Levels of competition. To be eligible to enter any sanctioned CMSA Pro or stand alone CMSA Pro event the CMSA member shall possess a CMSA Membership Card with Pro status noted. Cost is \$50.00 per competition year per member.	<b>\$ 50.00</b>
<input type="checkbox"/>	<b>CMSA Individual Membership includes:</b> Competition Card, Decal, Riders Rulebook, one 1-year subscription to the "CMSA Rundown" Magazine and Points Tracking Services.	<b>\$ 70.00</b>
<input type="checkbox"/>	<b>CMSA Family Membership includes:</b> CMSA Cardholders living in one household will receive a Decal & Competition Card, Points Tracking Services, one Riders Rulebook & one 1-year subscription to the "CMSA Rundown" Magazine per household.	<b>\$ 100.00</b>
<input type="checkbox"/>	<b>MMSA Individual Membership Includes:</b> Eligibility for year-end awards and move up buckles. <b>Must be a current CMSA member in order to participate in any CMSA sanctioned events.</b>	<b>\$ 25.00</b>
<input type="checkbox"/>	<b>MMSA Family Membership Includes:</b> Eligibility for year-end awards and move up buckles. <b>All family members must be current CMSA members in order to participate in any CMSA sanctioned events.</b>	<b>\$ 35.00</b>
<input type="checkbox"/>	<b>ADDITIONAL FAMILY MEMBERSHIP CARD(S) – price per card</b>	<b>\$ 15.00</b>

MMSA/CMSA memberships are now 365 day memberships based on the date your membership is processed unless noted above.

ALL INFORMATION REQUIRED:  New /  Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_  Pro Status  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male /  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ **MMSA member who referred you**

<b>FAMILY MEMBERS</b>	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female
	Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status
	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female
	Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status
	<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female
Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status	
<input type="checkbox"/> New / <input type="checkbox"/> Renewal CMSA # _____ Level _____ Date of Birth _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Name _____ E-Mail Address _____ <input type="checkbox"/> Pro Status	

(Please use another sheet for additional family members)

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, Minnesota 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 cardholders, 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. Membership in the CMSA and/or MMSA is a privilege and requires that those who compete in events meet all local, state and federal requirements to legally possess firearms for the purpose of such competition. Therefore it is the responsibility of all members to insure that they are legally able within the state or country that they are competing in to own and/or possess firearms. If the CMSA and/or MMSA is notified by proper authorities of a member's inability to legally possess the firearms required to compete in CMSA sanctioned events that membership will immediately be suspended. By joining CMSA and/or MMSA, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce CMSA Rules as stated in the CMSA Rule Book and all MMSA Club Policies. This Solidarity Agreement binds all CMSA Members to enforce CMSA Rules and assure our competition cardholders they will play the same game worldwide when they travel for CMSA competitions. If the undersigned has elected a joint membership in the CMSA and MMSA, the above statements apply to and include both associations and their agents.

Signature of Applicant Required if over 18 years of age / Date

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Mail completed form and check (payable to MMSA) to:  
**Kathy August, MMSA Secretary, 41161 Poor Farm Road, North Branch, MN 55056**

Visit our website: [www.mncmsa.com](http://www.mncmsa.com) or email us at [cmsamn@hotmail.com](mailto:cmsamn@hotmail.com)

MMSA Office Use Only: Amount Tendered: \$ \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_