

Central Washington Ropers & Riders Association

2025 Membership Form

Mail Application to:

CWRRA

P.O. Box 921 Goldendale, WA 98620

DATE:

Name: _____

Address: _____

City, State, Zip _____

EMAIL: Please print clearly so you will receive our emails

Phone: _____

Membership Name(s):	Jacket size specify youth or adult	Date of Birth	Age (as of 1/1/25)

MEMBERSHIP FEES:

Individual Membership: \$75.00 _____

Family Membership: \$150.00 _____

***A family membership is defined as 4 Members- LIVING IN SAME HOUSEHOLD**

Additional Household Members \$50.00 _____

- This is an award series. To be eligible for year-end awards, you must be a paid member and attend a minimum of 4 of the 8 event days. (Please note: You do not need to be a member to compete at these rodeos, therefore non-members will not be eligible for year-end awards.)
- Membership and Fees must be received and paid PRIOR to the start of the first rodeo you wish to enter to have points count towards year-end awards.
- Payment in full is required with this application.
- Make checks payable to CWRRA.
- Membership Questions? Email CWRRA at cwrra2025@gmail.com

A WAVIER MUST BE FILLED OUT AND NOTARIZED BEFORE YOU PARTICIPATE IN A CWRRA EVENT

OFFICE USE ONLY

Date: _____	Check# _____	Cash _____	Amount \$ _____	Initials _____
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