

# SCHOOL MEMBERSHIP APPLICATION

1. Complete entire application.
2. Enclose school check, money order, or cashier's check.
3. **ENCLOSE A SCHOOL CATALOG.**
4. 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 2010 CNFR.
5. List all names and addresses of faculty and/or coaching staff purchasing accident insurance.
6. **SIGN APPLICATION.** **MUST** be signed by both president of school and advisor or coach of school.
7. Mail completed information to:

**NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION**  
 2316 Eastgate North Street, Suite #160  
 Walla Walla, Washington 99362-1576

**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), \_\_\_\_\_

PRESS RELEASE INFORMATION TO BE SENT TO (Local media outlet):

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

FAX \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

- **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. A late fine is also assessed on a member school that was a 2008/09 NIRA member and does not pay its dues by January 1st of the current school year. The fine is \$25.00 if dues are not paid by January 1st. An additional \$10.00 per month will be assessed until dues are paid. 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 \_\_\_\_\_

LF \_\_\_\_\_

Prem \_\_\_\_\_ Rawhide \_\_\_\_\_

Other \_\_\_\_\_

CR page \_\_\_\_\_

MO / CC / SC / PC / CASH

**Revised 6/07**