NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

2021 – 2022 SCHOOL MEMBERSHIP APPLICATION

1. Complete entire application.
2. 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.
3. List all names and addresses of faculty and/or coaching staff purchasing accident insurance.
4. **SIGN APPLICATION**
   MUST be signed by both president of school and advisor or coach of school.
5. 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 NUMBER (_____) _____ EXT _____ FAX (_____)_____

WEB ADDRESS _____

HOME ADDRESS OF ADVISOR _____

CITY _____ STATE_____ ZIP _____-_____

IS YOUR SCHOOL (check one) ❑ SEMESTER ❑ QUARTER

CELL_____ EMAIL_____

Each NIRA member 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*

2021–2022 School Membership fees are $300. Faculty advisors/coaches may purchase NIRA accident insurance coverage for $145. Medical insurance provided by the NIRA is excess over any valid and collectible insurance.

❑ Enclosed is $300.00 for dues.

❑ 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:

_____

_____
(Use back of application, if necessary)

OFFICE USE ONLY

Year _____

NIRA # _____

Region _____

School _____

Amount Enclosed $ _____

Memb_____ Ins_____

Publ_____ Pin _____

Prem_____ Rawhide _____

Other _____

CR Page

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MO / CC / SC / PC / CASH

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