



CENTRAL PENNSYLVANIA  
YOUTH RODEO ASSOCIATION

Membership Form  
**SEND FORM TO:**

CPYRA SECRETARY

Family Membership Name \_\_\_\_\_

COMPETING CHILDREN \_\_\_\_\_ Ages as of August 1st \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

*Enclose Membership Dues \$75.00 a year PER FAMILY.  
Please make check payable to CPYRA*

PARENTS SIGNATURE \_\_\_\_\_

TOTAL SUBMITTED \$ \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
HEALTH INSURANCE COMPANY \_\_\_\_\_

(Required for all contestants)

POLICYNUMBER \_\_\_\_\_ INSURANCE CO. PHONE \_\_\_\_\_

A COPY OF YOUR HEALTH INSURANCE CARD MUST BE ENCLOSED FOR ALL MEMBERS. ALSO  
A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE ENCLOSED FOR NEW MEMBERS.

Photo Release:

\_\_\_\_ I/We will allow photographs to be taken of my son/daughter that have the potential to be  
used in publications, advertisements, and on the CPYRA website.

\_\_\_\_ I/We will not allow photographs of my son/daughter to be taken for use by the CPYRA  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date