NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

2023 – 2024 SCHOOL MEMBERSHIP APPLICATION

- 1. Complete entire application.
- 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.
- List all names and addresses of faculty and/or coaching staff purchasing accident insurance.

NO TEAM POINTS WILL BE DISTRIBUTED IF NOT CURRENT MEMBER.

DUE IN NATIONAL OFFICE BEFORE FIRST MASTER ENTRY LIST DISTRIBUTED.

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

(Use back of application, if necessary)

Type or Print Clearly NIRA# _____ ___ FACULTY ADVISOR ___ NAME OF SCHOOL All NIRA correspondence shall be addressed to COACH Place applicable address in the following: ____ ADDRESS OF MEMBER SCHOOL ______STATE______ZIP ____-__-SCHOOL PHONE NUMBER (_____) _____ EXT _____ FAX (_____) WEB ADDRESS HOME ADDRESS OF ADVISOR _____ ____ STATE_____- ZIP _____--CITY __ 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___ WILL YOU SPONSOR A NIRA RODEO THIS YEAR (check one) 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 2023-2024 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. **NAMES** of additional coaches to receive membership cards: Enclosed is \$300.00 for dues. Enclosed is \$145.00 for each person purchasing insurance. NAMES of additional faculty/coaching staff purchasing accident TOTAL REMITTED \$_____ insurance:

OFFICE USE ONLY

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Amount Enclos	sed \$
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