NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

2024 – 2025 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
6. If you add additional coaches throughout the year, requests must come on official letterhead.

DUE IN NATIONAL OFFICE BEFORE FIRST MASTER ENTRY LIST DISTRIBUTED.
NO TEAM POINTS WILL BE DISTRIBUTED IF NOT CURRENT MEMBER.

2033 Walla Walla Avenue
Walla Walla, Washington 99362

Type or Print Clearly

NIRA# _____ NAME OF INSTITUTION _____

IS YOUR SCHOOL (check one) ❑ SEMESTER ❑ QUARTER

ADDRESS OF MEMBER SCHOOL _____

CITY _____ STATE _____ ZIP _____-_____

SCHOOL PHONE NUMBER (_____) _____ EXT _____ FAX (_____) _____

All NIRA correspondence shall be addressed to ❑ COACH ❑ ADVISOR

FACULTY ADVISOR NAME _____

CELL _____ EMAIL _____

HEAD COACH NAME _____

CELL _____ EMAIL _____

ASSISTANT COACH NAME _____

CELL _____ EMAIL _____

ASSISTANT COACH NAME _____

CELL _____ EMAIL _____

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** correspondence will be through e-mail or telephone to either the faculty advisor or head coach. 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*

2024–2025 School Membership fees are $400. Faculty advisors/coaches may purchase optional NIRA accident insurance coverage for $145. Medical insurance provided by the NIRA is excess over any valid and collectible insurance.

❑ Enclosed is $400.00 for dues.

❑ Enclosed is $145.00 for each person purchasing **optional** 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 _____

Other _____

CR Page _____

MO / CC / SC / PC / CASH

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