



**Australasian Team Roping Association**  
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 www.teamroper.com.au  
 ABN: 94 620 859 177

## 2022/2023 MEMBERSHIP APPLICATION

NAME: ..... DOB: ..... /..... /.....  
 POSTAL ADDRESS: .....  
 TOWN: ..... STATE: ..... POSTCODE: .....  
 HOME PHONE: ..... MOBILE: .....  
 EMAIL: .....  
 HEADER #: ..... HEELER #: .....  
 MEMBERSHIP NUMBER (If Previous Member): .....

- 21/22 MEMBERSHIP:  SENIOR - \$176  
 JUNIOR - \$88 (Juniors cannot turn 18 between 1/7/22 – 30/6/23)  
 TINY TOT - 7 & Under FREE (Tiny Tots cannot turn 8 between 1/7/22 – 30/6/23)  
 Associate Members - \$66 (Non-competing member)  
 FAMILY DISCOUNT 10% (only immediate family members)  
 VETERANS \$88 (copy of VA Card required)

**Membership Fees include Personal Accident Insurance and are inclusive of GST.**

Personal Accident Insurance provides cover for members participating at officially sanctioned ATRA events including travel to and from. This policy offers payments of benefits if an insured person dies, becomes disabled, or suffers from certain conditions because of an injury. Insurance cover is subject to the conditions of the policy.

**Membership fees do not include Ambulance cover - ATRA strongly recommends that members take out Ambulance cover.**

The ATRA was recommended to you by ..... (Member's name)  
 Number of Years Roping: ..... Average Catches out of 10: ..... Saddles won: ..... Buckles won: .....  
 Do you compete in/have you ever competed in:  Rope and Tie  Steer Wrestling  Breakaway  Barrel Race  
 Do you ride, or have you ridden in any other equestrian sport?  Other.....  
 Temporary number assigned by fellow member: ..... HEADER #: ..... HEELER#: .....  
 Fellow member name: .....  
 Referee (a fellow roper that has seen you rope): Name: ..... Contact: .....

I hereby state the above and following answers to be true. I will not hold the ATRA, any of its producers or sponsors responsible for any accidents to myself, my family, my equipment, or any of my livestock when driving to, from or while at any ATRA events. I agree to abide by and I understand the rules of the Australasian Team Roping Association and each event producer as set out. I also understand that and agree that my image may subsequently be used for publicity or promotional purposes or TV rights, my name and/or pictures of me participating in this association without any obligation or liability from me. In making this Statement and Release, I further acknowledge that I am aware that equine events are dangerous sports, and that serious injury can frequently occur. I understand that the ATRA endorses the guidelines of care for livestock as set out by the National Consultative Committee on Animal Welfare (2006) for the Care and Treatment of Rodeo Livestock. I further acknowledge that I have read this statement and understand its contents.

COMPETITOR SIGNED: ..... DATE: .....

EMERGENCY CONTACT NAME & NUMBER: .....

The following must be completed if applicant is a minor: I declare that I am one of the parents/legal guardians of the above-named minor; that I have carefully read the foregoing Statement and Release, that I know the representations made are true; and that I agree to be bound by the terms of the Statement and Release both personally and as a representative of the interest of the minor.

PARENT/GUARDIAN SIGNED: ..... DATE: .....