



Membership application

Please print this page, fill it out completely and mail it with your membership payment to:

**KGRA Inc.
4625 E Kellogg Dr
Wichita, KS 67218**

Please note the month you are joining, and send the amount required. The one-time charge of 6.00 is added to the prorated amount: This is for FULL Membership.

January - \$30.00
February - \$28.00
March - \$26.00
April - \$24.00
May - \$22.00
June - \$20.00

July - \$18.00
August - \$16.00
September - \$14.00
October - \$12.00
November - \$10.00
December \$8.00

Annual membership renewal will be \$24.00 per year, due January 1st.

Associate Memberships are available for \$12.00 per year

Associate Memberships do not allow for voting privileges. \$6 badge fee is optional

LEGAL NAME: _____

GAY COMMUNITY ALIAS: _____

ADDRESS: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

CELL PHONE: _____ PAGER: _____

BIRTHDAY: ____/____/____

E-MAIL ADDRESS: _____

K.G.R.A. does not sell its email address list to any association or organization.

Contact me if you need any volunteer work during the year: YES NO

LIABILITY WAIVER: I, _____, do hereby waive all liability of KGRA, all of its member associations and affiliates, their officers and members, the arenas, rodeo grounds and related facilities, the City, County and State and their entities, where KGRA Rodeo, or Rodeo related activities and / or KGRA activities are held, for loss or injury caused to my person, property or other persons and their property, for the duration of this activity.

DATED THIS ____ DAY OF _____, 20____. SIGNATURE: _____

NAME & PHOTO RELEASE: My name and pictures ___ CAN or ___ CAN NOT be taken or used by K.G.R.A. and the news media. I fully understand that if I mark CAN, these pictures become the sole property of KGRA.

DATED THIS ____ DAY OF _____ 20____.

SIGNATURE: _____

MEMBERSHIP REQUESTED: ___ FULL ___ ASSOCIATE | AMOUNT ENCLOSED: \$ _____

THANK YOU FOR YOUR SUPPORT OF KGRA