

# 2012 Northern Ohio Outlaws Membership Application

## Northern Ohio Membership Dues

\_\_\_ \$ 40.00 Individual  
\_\_\_ \$ 60.00 Family\*  
\_\_\_ \$ 20.00 Wrangler (12 & under)  
\_\_\_ \$ 20.00 Associate

## CMSA Discount through Northern Ohio

\_\_\_ \$ 60.00 Individual  
\_\_\_ \$ 90.00 Family\*  
\_\_\_ \$ 35.00 Associate

\$ \_\_\_\_\_ **Total** amount enclosed (including CMSA Membership)

\*Family - Those persons living under the same roof in a spousal relationship and/or their children under the age of 21 who are still enrolled as a full time student.

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Membership New Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Alias \_\_\_\_\_ Do you receive the Corral from another source? Yes No

## Family Members

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New Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Name \_\_\_\_\_ Email \_\_\_\_\_

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New Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Name \_\_\_\_\_ Email \_\_\_\_\_

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New Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Name \_\_\_\_\_ Email \_\_\_\_\_

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New Renewal CMSA # \_\_\_\_\_ Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Name \_\_\_\_\_ Email \_\_\_\_\_

## Liability Release Form

I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Signature of Applicant Required: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant Required: \_\_\_\_\_ Date \_\_\_\_\_

Checks are to be made payable to Northern Ohio Outlaws

Mail this application to: Judy Foster, 4195 Township Road 111, Mt. Gilead, Ohio 43338

For more info: (419) 210-0185 or e-mail [jmfjudy@hotmail.com](mailto:jmfjudy@hotmail.com)

Date \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_