



ASGRA MEMBERSHIP APPLICATION
Mail to: ASGRA, ATTN: MEMBERSHIP; P.O. Box 21519 Washington, DC 20009
(PLEASE PRINT CLEARLY)

NAME: _____ Alias: _____
ADDRESS: _____ Apt. #: _____
CITY: _____ STATE: _____ ZIP _____ Membership #: (if renewing) _____
EVENING PHONE: _____ CELL PHONE: _____
EMAIL: _____ DATE OF BIRTH (Optional): MO: _____ DAY: _____ YEAR: _____
(Leave blank if you do NOT wish to receive email)
Your name in Newsletter: Full Name _____ First Name, Last Initial _____ Alias _____ DO NOT Print my name _____

All ASGRA memberships run from January 1st through December 31st.

Membership type (see website for details)
Regular _____ \$30
Family _____ \$55 (2 people living at same address)
Silver Spur _____ \$125
Business _____ \$200
Golden Saddle _____ \$425
Lifetime _____ \$600

HomoRodeo.com profile name: _____
(Will receive 1 month of gold membership at HomoRodeo.com)

Fill in only if you are applying for a family membership Second person's name: _____ Second persons email: _____ Your name in newsletter: Full Name _____ First Name, Last Initial _____ Alias _____ DO NOT print my name _____ Birth Date (optional): _____

By submitting this application I hereby agree to the following:
To conform to the bylaws, standing rules and any other rules adopted by the Board of Directors or other officials of ASGRA.
To comply with all applicable laws when participating in or attending any ASGRA sponsored event.
To pay any of my required ASGRA or IGRA dues or assessments on time.
To not hold ASGRA responsible for damage, injury, liability or death, to me or my property while in preparation for, during, or immediately following any ASGRA sponsored function which I attend. This affirmation includes me, my executor, administrator, and assigns.

I understand that failure to follow these rules may result in termination to my membership

Applicant's Legal Signature: _____ Date: _____

For Office Use Only Amount Enclosed \$ _____ Check #: _____ Date Received: _____ By (init.): _____