



Inland Empire Barrel Racing Association

2024 Membership Application (must be completed and fees paid before points count)

Name(s): _____

Mailing Address: _____

Email (print clearly): _____

Phone: _____ Social Security #: _____

Membership Fee: Individual - \$40 or Family - \$50 \$ _____

Awards Nomination Fees: \$10 per division per horse nominated. Required for Open/Novice to be eligible for year-end awards. Nomination fee not required for Youth/Junior/Senior Divisions.

Open Division: \$10 per person \$ _____

\$2000 Novice Division: \$10 per horse \$ _____

*Lifetime Earnings (LTE) \$ _____

Registered Name of Horse _____

Barn Name of Horse _____

\$500 Novice Division \$10- per horse \$ _____

*Lifetime Earnings (LTE) \$ _____

Registered Name of Horse _____

Barn Name of Horse _____

Youth Division (Age 13-18 as of 10/1/23)

Rider's Name: _____

Junior Division (Age 12 & Under as of 10/1/23)

Rider's Name: _____

Senior Division (Age 50 & Over as of 10/1/23)

Rider's Name: _____

TOTAL FEES: \$ _____

Award Information (if family membership and/or multiple horses, please list appropriate rider/horse with below sizes):

Member/Horse: _____ Coat Size: _____ Horse Blanket Size: _____ Horse Boot Size: _____

Member/Horse: _____ Coat Size: _____ Horse Blanket Size: _____ Horse Boot Size: _____

Member/Horse: _____ Coat Size: _____ Horse Blanket Size: _____ Horse Boot Size: _____

IEBRA Release: As a member of the IEBRA, I hereby agree to hold harmless and assume the risk of any injury to myself, my property and every minor person who accompanies me to an IEBRA sponsored or co-sponsored event. Further I will hold harmless each equine activity from any claim, injury or damage that could be sustained by myself, my property and every minor person, who accompanies me to an IEBRA sponsored or co-approved event. I also agree to abide by all IEBRA rules and recognize the IEBRA rule book is on iebra.net.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(required for youth/jr membership)

Make Checks Payable to IEBRA. Mail form and fees to **Patti McKeown @ 7221 S Summer Lane, Medical Lake, WA 99022.**