



Inland Empire Barrel Racing Association

2019 Membership Application

*Must be filled out completely before your points will count.
Please print clearly so all information is legible.*

Members in the State of Washington must reside in the following Counties: Spokane, Stevens, Ferry, Pend Oreille, Lincoln, Whitman, Adams, Grant, Douglas, Okanogan, Benton Franklin, Walla Walla, Kittitas, Yakima, Asotin, Garfield, Columbia, Klickitat & Chelan.

Members in the State of Idaho must reside in the following Counties: Bonner, Kootenai, Shoshone and Latah.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Cell Number:** _____

Email (print clearly): _____

(For Award Purposes): Coat Size: _____ **Boot Size (horse):** _____ **Horse Blanket Size:** _____

Open Division:

Rider's Name	Horse Name: Registered & Barn

2000/500 Novice & Senior Division:

Application will not be accepted w/o completed lifetime earnings

Rider's Name	Horse Name: Registered & Barn	2000/500	Lifetime Earnings

Youth (Age 13-18) & Junior (12 and under) Division:

Age as of 10/1/18

Rider's Name	Youth or Junior	Date of Birth

→ **Membership Fee: Individual = \$25 OR Family = \$35**

\$ _____

→ **\$10 Awards Nomination Fee** (check applicable division below, required in order to be eligible for year end awards in *each* division)

_____ Open _____ \$2000 Novice _____ \$500 Novice _____ Senior Division

\$ _____

→ **Total Fees:** (Make checks payable to IEBRA)

\$ _____

IEBRA Release Form: 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 sponsor from any claim or 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.

Membership Signature: _____ **Date:** _____

(Member agrees to abide by ALL IEBRA rules)

Parent/Guardian Signature: _____ **Date:** _____

(Required for Youth/Junior Membership)

Mail Membership Application and Fees to Melissa Tosi, 2016 E Packsaddle Drive, Coeur d'Alene, ID 83815