

APPLICATION FOR ACRA MEMBERSHIP



ARIZONA COWPUNCHER'S REUNION ASSOCIATION
c/o Secretary Carrie M. Gross – 602-510-4940
P.O. Box 6733, Kingman, AZ 86402
Email: cowpunchers@outlook.com

Please include \$75 application fee. (Refundable if not accepted.)
Secretary must RECEIVE application NO later than March 1st of each year.

NAME: _____ DATE OF BRITH: _____ AGE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WSTR or USTRC#: _____

FAMILY MEMBERS: Use back of page if necessary

Spouse: _____ Date of Birth: _____

Children: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Name of ranches and any information you can supply regarding work history within the livestock industry. Please provide a detailed description of your current employment within the livestock industry. Use back of page if needed.

Letters of recommendation are strongly suggested.

Current Employment: _____ How long at current employer: _____

Name and signatures of two current ACRA members with a current phone number:

1. Print: _____ Signature: _____ Phone: _____

2. Print: _____ Signature: _____ Phone: _____

Your Signature: _____ Date: _____

I hereby agree and promise to abide by all the rules and regulations set forth by the ACRA, to honor their traditions and treat all members with respect and courtesy.

Enclose \$75 membership application fee; refundable if rejected. All applications for membership must be RECEIVED by March 1st of each year and will be voted on during the March ACRA Board meeting. (If received after March 1st of any given year it will not be voted on until the following year.) A letter of notification will be mailed to you.

Return this application along with \$75 check made payable to ACRA to address above.