



World Barrel Racing Productions
First Time Membership
2009

Office Use Only

Please complete the entire form. If you provide us with your social security number and shipping address, you will not have to fill out a winners form at the event. One application per person is required.

General Information

Legal Name: _____

Name to appear on the card: _____

[] Female [] Male Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address (NO PO Box): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Membership Levels

All Applications must include a copy of a state issued ID or Birth Certificate.

[] \$60 General Membership

(If this is a family application, please list the name of the General member below)

[] \$30 Additional Family Membership

(Spouse and/or child living in the home, 21 years of age and younger, at the time of application.) Available to family members of a General Member. Each Family Member must fill out a seperate form.

Payment Information

Please make Check or Money Orders payable to WBR and mail to:

WBR Membership
PO BOX 1330
Athens, TX 75751

Phone # (903)677-1213

Fax:(432)224-1222

Credit Card Information

Credit Card: Visa Mastercard Discover AMX

Credit Card Number

Grid for credit card number digits

Exp Date

Billing Address on Credit Card

For Office Use Only

Payment Method:

Paid Cash [] Paid Check [] Ck# _____ [] Credit Card

Date Mailed: _____

Amount: _____ Date Paid: _____ Employee: _____ Date Picked Up: _____