



# WPRCA

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Colorado Springs, CO 80903  
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**USE FOR 2025**

Women's Professional Rodeo Association  
World Championship Barrel Racing®  
**WPRCA Pro Rodeo Application**

### SELECT A CARD TYPE

**WPRCA Permit | \$325**  
Members who have not yet earned \$1,000

May compete at all WPRCA approved events accepting permits.

Must submit copy of birth certificate within 30 days or become ineligible.

**Pro Rodeo Barrel Racing Card | \$395**

**WPRCA Card**

May compete in all WPRCA approved events

#### Gold Card

**Competing/Active | \$185**

**Non-competing/Inactive (voting rights only) | \$50**

Must have maintained 25 years of card membership or 20 years of membership AND reached age 50.

**Pro Rodeo Breakaway Card | \$395**

**Pro Rodeo Breakaway**

May compete in all WPRCA approved events

Memberships are:

- NON-REFUNDABLE • NON-TRANSFERABLE
- The 2025 Rodeo year starts on 10/1/2024. If renewing, you must pay your 2025 membership before 12/31/2024 per rule 1.3.4.1.2. to avoid late fines per rule 1.3.4.1.

**I am submitting a late application. Add my late fine to this transaction, \$25 after Jan 1, \$50 after Feb 1. Late charges only apply to returning members from the previous year.**

I WILL PAY BY:

- Check**       **Credit Card**
- Visa**       **MasterCard**
- Discover**       **AMEX**

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

PAYMENT MUST BE RECEIVED BEFORE APPLICATION WILL BE PROCESSED.

I am a  **NEW** Member  **RETURNING** Member Member No. \_\_\_\_\_

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Announced Name \_\_\_\_\_

#### Mailing Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Home/Office ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Citizen of  U.S.  Other Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YEAR)

SSN/EIN \_\_\_\_\_ GIIN \_\_\_\_\_ FATCA Code (if applicable) \_\_\_\_\_

#### Circuit Designation for Circuit Standings (Rules 8.4.2./8.5.2.) \_\_\_\_\_

**Returning Member**-Defaults to prior membership information if not identified. If claiming Rule 8.4.2 attach paperwork. **New Member**-Defaults to mailing information if not identified. If claiming Rule 8.4.2 attach paperwork. Resident of this circuit?  Yes  No (If not checked residency will default to the mailing address provided above.)

#### Voting Designation for Circuit or Roping (Rules 3.4.5/3.4.6) \_\_\_\_\_

Defaults to circuit for standings for barrel cards and roping for roping cards if not identified. If voting for barrel director indicate circuit, if voting for roping indicate roping.

I decline to have my phone number included on Procom trade lists.

Will you be entering rodeos with a **PRCA Buddy**?  Yes  No PRCA ID# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship Type (e.g. Brother, Son, Husband) \_\_\_\_\_

### AGREEMENT & RELEASE

**CERTIFICATION OF IRS INFORMATION:** Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number, AND 2) I am not subject to withholding due to failure to report interest and dividend income, AND 3) I am a U.S. person, AND 4) the Foreign Tax Compliance Act code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. You MUST cross out item 2) if you have been notified by the IRS that you are currently subject to backup withholding because of unreporting of interest or dividends on your tax return.

#### You must sign below or your application will be returned to you.

Application must be completed in full, with signature and full payment. FOR NEW MEMBERS BIRTH CERTIFICATES MUST EITHER ACCOMPANY APPLICATION OR BE RECEIVED BY THE WPRCA OFFICE WITHIN THIRTY DAYS OR MEMBERSHIP AND POINTS EARNED WILL BE VOIDED. Applicant must be at least 18 years of age or the age of majority in the state in which the applicant is a citizen, whichever is greater. Applicant agrees to be bound by the Articles of Incorporation, Bylaws and Rules of the WPRCA, as applicable. Applicant further acknowledges that participation in a rodeo as a competitor exposes the participant to serious risk of property damage, personal injury or death. Applicant assumes the risk of competition in any rodeo entered and expressly waives and releases any and all claims applicant may now have, or may in the future, for property damage, personal injury or any other claim which applicant now has, or may have in the future against WPRCA, its officers, directors, employees, WPRCA sponsors, the PRCA, or any WPRCA/PRCA-sanctioned rodeo entity, their affiliated, related or subsidiary entities, any committee, any rodeo or barrel race producer, or production entity. This provision shall be binding upon applicant, her spouse, legal representatives including parents or guardians, heirs, successors, and assigns.

**WPRCA MEMBERSHIP IS SUBJECT TO COMPLIANCE WITH ALL WPRCA RULES. COMPLETE AND UP TO DATE RULES ARE POSTED ON WWW.WPRCA.COM. ALL PAPERWORK, INCLUDING A COPY OF YOUR BIRTH CERTIFICATE, MUST BE RECEIVED BY THE WPRCA OFFICE WITHIN 30 DAYS OF SIGNING THIS APPLICATION. SUBMISSION OF PAYMENT ALONE WITHOUT APPLICABLE DOCUMENTATION DOES NOT OBLIGATE WPRCA TO CONFIRM MEMBERSHIP.**

**MEMBERSHIP IS CONTINGENT ON COMPLIANCE WITH RULE 1.1.15 (FINANCIAL INTEREST IN CONFLICTING RODEO ASSOCIATION) AND WILL BE DECLINED OR IMMEDIATELY REVOKED IF NOT IN COMPLIANCE. APPLICANT CERTIFIES THAT SHE DOES NOT HAVE A FINANCIAL INTEREST IN A CONFLICTING RODEO ASSOCIATION AND IS IN COMPLIANCE WITH RULE 1.1.15.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I understand that within the scope of the WPRCA Privacy Policy and for the benefit of membership, the WPRCA may disclose to rodeo committees or similar representatives information contained on this form for filing of IRS 1099s or other business purposes.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Paid \$ \_\_\_\_\_ Payment Method \_\_\_\_\_

Access \_\_\_\_\_ Packet Mailed \_\_\_\_\_