



Illinois Barrel Racing Association

Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____

Phone (cell): _____

Email: _____

DOB*: _____ Current Age* (for point purposes): _____

Single Membership \$40: _____ Family Membership \$60: _____

How would you like communication: Mail Email

Other Family Members:

Name:	DOB*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Birthdate needed to determine what age category for points

Please make checks payable to ILBRA and return to:

Illinois Barrel Racing Association
PO Box 96
Cerro Gordo, Illinois 61818