

MEMBERSHIP



APPLICATION

INDIVIDUAL MEMBERSHIP DUES

MEMBERSHIP DUES ARE \$25.00 PER YEAR *, **

* OPTIONAL \$20.00 FEE TO COVER NAME BADGE

** TGRA DUES ARE NO LONGER PRORATED AND SPAN FROM JAN. - DEC.

COMMERCIAL MEMBERSHIP LEVELS:

(ANNUAL DUES BASIS ONLY - INDICATE YOUR CHOICE)

- \$100.00 - COMMERCIAL MEMBER

- \$250.00 - CHAMPION MEMBER

- \$500.00 - GRAND CAMPION MEMBER

- \$1,000.00 - PLATINUM SPURS MEMBER

(PLEASE PRINT)

NAME: MR/MS _____

ADDRESS: _____ (OK TO RECIEVE TGRA MAIL?) Y / N

CITY: _____ County: _____ STATE: _____ ZIP(+4): _____

OCCUPATION: _____ BIRTHDAY: MO: _____ DAY: _____ YEAR: _____

(IF YOU DO NOT WISH TO RECEIVE PHONE CALLS OR E-MAIL ON TGRA BUSINESS, PLEASE DISREGARD NEXT TWO LINES.)

DAY TIME PHONE: _____ EVENING PHONE: _____

E-MAIL ADDRESS: _____ @ _____

NOTE: INVOLVEMENT/PARTICIPATION IN TGRA ACTIVITIES IS NOT MANDITORY, BUT IF YOU HAVE A SKILL OR STRENGTH THAT WOULD BENEFIT THE ORGANIZATION, THAT WOULD BE MOST APPRECIATED! THOSE WITH A TALENT FOR FUND RAISING/SECRETARIAL/ADMINISTRATIVE/BOOK KEEPING AS WELL AS THOSE WITH A DESIRE TO BE A PART OF GAY RODEO ARE ALWAYS NEEDED. EVERYONE HAS SOMETHING TO OFFER!

YOUR COMMENTS: _____

BY SIGNING THIS MEMBERSHIP APPLICATION, THE UNDERSIGNED APPLICANT AGREES, AS TO HIS/HER DUTIES AS A MEMBER, TO CONDUCT HIMSELF/HERSELF SO AS TO CONFORM TO THE BYLAWS OF TGRA, INC. AND ANY RULES AND REGULATIONS DULY AND VALIDLY ADOPTED BY THE DIRECTORS, THE OFFICERS, ANY COMMITTEE OR THE MEMBERSHIP OF TGRA, INC. THE UNDERSIGNED FURTHER AGREES IN CONNECTION WITH HIS/HER PARTICIPATION OR ATTENDANCE IN/AT ANY EVENT HELD BY OR FOR THE BENEFIT OF TGRA, INC. TO ALWAYS COMPLY WITH ALL APPLICABLE LAWS, AND SHALL HOLD HARMLESS TGRA, INC. FROM ANY AND ALL DAMAGE, INJURY OR DEATH WHICH MIGHT OCCUR TO THE UNDERSIGNED OR THE UNDERSIGNED'S PROPERTY BEFORE, DURING OR AFTER ANY FUNCTION INVOLVING TGRA, INC. FAILURE TO HONOR THE COMMITMENTS SET FORTH ABOVE, OR TO PAY DUES, MAY RESULT IN TERMINATION OF MEMBERSHIP. I FURTHER HERBY CERTIFY THAT I AM OVER 21 YEARS OF AGE.

APPLICANT'S SIGNATURE: _____ DATE: _____

TGRA SPONSOR:(PRINT) _____ (SIGN) _____

TGRA-AUSTIN	TGRA-DALLAS	TGRA-FORT WORTH	TGRA-HOUSTON	TGRA-SAN ANTONIO
P O BOX 1511	P O BOX 191168	P O BOX 786	P O BOX 130585	P O BOX 12651
AUSTIN, TX 78767	DALLAS, TX 75219	FORT WORTH, TX 76101	HOUSTON, TX 77219	SAN ANTONIO, TX 78212

FOR OFFICIAL USE ONLY:

CHECK NUMBER (OR CASH): _____ AMOUNT: _____ PAID THRU DATE: _____