



# Wild Rice Peacemakers 2024 Membership Application

**Combined CMSA & WRPM Membership**

- Combined Single Membership in both WRPM & CMSA \$85.00
- Combined Family Membership in both WRPM & CMSA \$125.00

Membership in the WRPM entitles you to invitations to fun shoots, clinics and an association with a great bunch of people. Combined membership in both the WRPM and CMSA entitles you the above benefits plus a \$10 discount on your CMSA membership, CMSA national competition card (required for point totals and out-of-state competitions), point tracking service, decal, one Riders Rulebook/Course book, and a subscription to "The Rundown" newspaper published by the CMSA.

**Combined Associate Membership:** CMSA card, subscription to "The Rundown", right to enter ONLY local events, NO POINTS, NO CASH PRIZES. **One calendar year (not 365 days) & NON-RENEWABLE** \$60.00

**OPTIONAL CMSA Pro Status** \$50.00 x number of family members selecting Pro Status \$ \_\_\_\_\_  
Pro Status is available to all Classes & Levels to be eligible to enter sanctioned CMSA Pro, Double-Down and other CMSA sponsored Pro events.

**WRPM Membership only (non-competiton membership)**

- Single Membership WRPM \$25.00
- Family Membership WRPM (includes spouse and kids under 18) \$35.00

**Total Due with Application – all checks payable to Wild Rice Peacemakers** \$ \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**ALL INFORMATION REQUIRED:**  New  Renewal CMSA# \_\_\_\_\_ Level \_\_\_\_\_ Pro Status

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male /  Female

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ email \_\_\_\_\_

**Family Members**

New /  Renewal CMSA Card# \_\_\_\_\_ Level \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male /  Female  
Name: \_\_\_\_\_ Email \_\_\_\_\_ Pro Status

New /  Renewal CMSA Card# \_\_\_\_\_ Level \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male /  Female  
Name: \_\_\_\_\_ Email \_\_\_\_\_ Pro Status

New /  Renewal CMSA Card# \_\_\_\_\_ Level \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male /  Female  
Name: \_\_\_\_\_ Email \_\_\_\_\_ Pro Status

New /  Renewal CMSA Card# \_\_\_\_\_ Level \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male /  Female  
Name: \_\_\_\_\_ Email \_\_\_\_\_ Pro Status

(Please use another sheet for additional family members)

*I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. Membership in the CMSA is a privilege and requires that those who compete in events meet all local, state and federal requirements to legally possess firearms for the purpose of such competition. Therefore it is the responsibility of all members to insure that they are legally able within the state or country that they are competing in to own and/or possess firearms. If the CMSA is notified by proper authorities of a member's inability to legally possess the firearms required to compete in CMSA sanctioned events that membership will immediately be suspended. By joining CMSA, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce CMSA Rules as stated in the CMSA Rule Book. This Solidarity Agreement binds all CMSA Members to enforce CMSA Rules and assure our competition cardholders they will play the same game worldwide when they travel for CMSA competitions.*

Signature of applicant required if over 18 years of age \_\_\_\_\_

Signature of applicant required if over 18 years of age \_\_\_\_\_

Signature of applicant required if over 18 years of age \_\_\_\_\_

Signature of applicant required if over 18 years of age \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Amount Tendered: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Received by: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

Please mail to: Danette Gwin, Treasurer WRPM, 3595 State Highway 200, Ada, MN 56510 Phone: 218-784-8141  
e-mail: wdgwin@arvg.net