



## 2012 UBBI Membership Form

**EACH INDIVIDUAL OF CO-OWNED OR PARTNERSHIP BULLS MUST HAVE A CURRENT AND PAID 2012 MEMBERSHIP!**

Date of Application: \_\_\_\_\_ New Member: \_\_\_\_\_ Renewal: \_\_\_\_\_  
Individual Name: \_\_\_\_\_ UBBI Membership #: \_\_\_\_\_  
If this is a NEW Membership Application a new Membership # will be assigned: \_\_\_\_\_

(For Office Use Only)

Ranch Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If you would like to designate a DIFFERENT Region (other than your address Region) as your competition Region, please circle the Region you wish to compete in:  
(You must designate your competition Region prior to participating in your first event)

**EASTERN    MIDWEST    NORTHERN    NORTHWEST    SOUTHERN    WESTERN**

Would you like to receive information regarding upcoming events such as schedule, entries open and close, etc. as a text to your cell phone: **YES    NO**  
(circle one)

I have read and understand the rules and guidelines for United Bucking Bulls, Inc (UBBI) events. I assume all risk and danger incidental to the nature of bucking bull competitions and release United Bucking Bulls, Inc (UBBI), their owners, employees, staff, host venues and sites, sponsors, host organizations, participating owners, their animals, and all agents thereof, from any and all liabilities resulting from such cases. Entering bull owners also recognize that event producers at UBBI sanctioned and/or co-sanctioned events have contracted professionals in the fields of Judging and Veterinary Medicine and the decisions of those individuals contracted is final. UBBI reserves the right to collect blood, urine or tissue samples from any bull at any time for any reason. I, as an entering bull owner have read and understand all Rules, Regulations, Guidelines, and Disclaimers stated herein.

**2012 Membership Fee will be:**

|   |   |
|---|---|
| <b>\$100 (if paid before March 31<sup>st</sup>)</b>                         | <b>\$125 (if paid between Mar 31<sup>st</sup> and Jun 30<sup>th</sup>)</b>  |
| <b>\$150 (if paid between Jun 30<sup>th</sup> and Sept 30<sup>th</sup>)</b> | <b>\$175 (if paid between Sept 30<sup>th</sup> and Dec 31<sup>st</sup>)</b> |
| <b>\$1,000 Lifetime Membership</b>  | <b>\$50 Youth Membership Date of Birth: ___/___/___</b>                     |
| <b>Amount Paid:</b>   |   |

**\*\*Payment may be made in the Form of Check, Cashiers Check or Credit Card**

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
(a convenience fee will be applied) (3 digit code)

Is credit card billing address same as above? If NOT, please list credit card billing address below:

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

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