NATIONAL POLE BENDING ASSOCIATION

NPBA

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2027 OFFICIAL MEMBERSHIP APPLICATION

★ 2027 SEASON: AUG 1 – JULY 31, 2027 ★

MEMBERSHIPS LAST ONE FULL YEAR FROM DATE PAID.

INDIVIDUAL MEMBERSHIP
$75
Payment must accompany application.

FAMILY MEMBERSHIP
$175
All family members must live in the same household.

IBRA DISCOUNT
$5 Discount for IBRA Members

$15 Discount for Family Memberships

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MEMBER INFORMATION

Application Date _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Birthday _____

Email _____

WHAT STATE WOULD YOU LIKE TO DESIGNATE FOR NPBA POINTS?

_____

FAMILY MEMBERS (All family members must live in the same household)

NAME (Please Print)	BIRTHDAY

MEMBERSHIP BENEFITS INCLUDE:

NATIONAL FINALS | BONUS MONEY | STATE AWARDS | EXCLUSIVE NPBA GEAR | SPONSORED BRAND DISCOUNTS | AND MORE!

MEMBERSHIP AGREEMENT

In consideration of acceptance of this entry, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the NATIONAL POLE BENDING ASSOCIATION, its members, officers, directors, agents, the sponsors, the owners of the grounds and facilities, and the employees of the aforementioned, for any and all injuries to me or my property while attending or participating in any event sponsored by the NPBA.

I further agree to abide by the rules and regulations of the NPBA and acknowledge that it is the sole responsibility of the contestant to make themselves, or their agent, aware of any rule changes.

MEDICATION POLICY

The use of illegal substances or medications on a horse is a violation of NPBA rules. If a horse is found to have any illegal substance in its system, the owner will be responsible for the consequences. These consequences may include, but are not limited to, loss of winnings, points, year-end awards and/or suspension from the NPBA.

RELEASE AND INDEMNIFICATION

I hereby consent to allow the NPBA, without liability, to use, publish or cause to be published photographs, videos or other reproductions of me, my family members and/or my property for promotion, advertising, trade or any other purpose.

I hereby agree to indemnify and hold harmless the NPBA, its members, officers, directors, agents, the sponsors, the owners of the grounds and the facilities, and the employees of the aforementioned from any and all liability, loss, damage, cost or expense (including attorney's fees) which they may incur as the result of any claim, demand, suit, cause of action, judgment or expense arising out of or resulting from any accident or injury (including death) to myself, any family members, my horse(s) or property.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS.

PARENT OR LEGAL GUARDIAN MUST SIGN FOR APPLICANTS UNDER 18 YEARS OF AGE.

X _____ SIGNATURE (Parent/Legal Guardian if under 18) DATE PRINTED NAME

★ ★ ★ *Thank You* ★ ★ ★

FOR BEING A PART OF NPBA!

MAIL COMPLETED APPLICATION AND PAYMENT TO:
PO Box 91205
Louisville, KY 40291
PLEASE DO NOT SEND CASH

QUESTIONS? CONTACT US!
502-239-4000
Pam@npba.us