

RANCH SORTING NATIONAL CHAMPIONSHIPS
MEMBERSHIP APPLICATION-
FOR NEW MEMBERS ONLY



THIS APPLICATION MAY BE SUBMITTED
TO A PRODUCER OR MAILED TO:
RSNC MEMBERSHIP
PO BOX 1
WELLINGTON, CO 80549

FULL LEGAL NAME INCLUDING MIDDLE INITIAL: _____

NICK-NAME (IF COMMONLY USED): _____ BIRTHDATE (FULL DATE OF BIRTH REQUIRED): _____

PLEASE LIST THE NAME OF PERSON WHO REFERRED YOU _____

LIST ADDITIONAL FAMILY MEMBER NAMES BELOW (IF MORE SPACE IS NEEDED, PLEASE UTILIZE BACK OF SHEET):

NAME: _____ NICK-NAME (IF COMMONLY USED) _____ BIRTHDATE (REQUIRED): _____

NAME OF PERSON WHO REFERRED YOU: _____

NAME: _____ NICK-NAME (IF COMMONLY USED) _____ BIRTHDATE (REQUIRED): _____

NAME OF PERSON WHO REFERRED YOU: _____

NAME: _____ NICK-NAME (IF COMMONLY USED) _____ BIRTHDATE (REQUIRED): _____

NAME OF PERSON WHO REFERRED YOU: _____

NEW MEMBER'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

PLEASE INDICATE THE TYPE AND QUANTITY OF MEMBERSHIPS FOR WHICH YOU ARE APPLYING.

ALL MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
ALL MEMBERSHIPS EXPIRE AFTER THE 2014 FINALS. PLEASE ALLOW 2
TO 3 WEEKS FOR APPLICATION PROCESSING.

☐ QTY. _____ NEW (2015-2016) RSNC MEMBERSHIP...FREE*

ADDITIONAL FAMILY MEMBERSHIPS ARE AVAILABLE TO SPOUSES AND
DEPENDENTS (20&UNDER) THAT RESIDE IN THE SAME HOUSEHOLD ONLY.

☐ QTY _____ YOUTH (12&UNDER)-(LIST DATE/S OF BIRTH ABOVE) FREE

☐ QTY _____ 4-H MEMBER- (PROVIDE DATE/S OF BIRTH ABOVE) FREE

☐ QTY _____ FFA MEMBER- (PROVIDE DATE/S OF BIRTH ABOVE) FREE

☐ *BEGINNER (PRODUCER MUST INITIAL HERE) _____ FREE

*ALL NEW CONTESTANTS RECEIVE A FREE 1-YEAR RSNC MEMBERSHIP. AFTER
THEIR FIRST YEAR OF FREE MEMBERSHIP BEGINNERS DO NOT NEED TO PURCHASE
A MEMBERSHIP TO RIDE IN THE BEGINNERS CLASS (RANCH HAND SORT
BEGINNER HANDICAP). AFTER THEIR FIRST YEAR OF FREE MEMBERSHIP,
BEGINNERS MUST PURCHASE AN RSNC MEMBERSHIP TO RIDE IN ALL OTHER
DIVISIONS. DAYPASS RULES DO NOT APPLY IF THE RIDER IS A BEGINNER.

☐ QTY _____ LIFETIME (70&OVER-LIST DATE OF BIRTH ABOVE).... \$100
(LIFETIME MEMBERSHIPS INCLUDES SUBSCRIPTION TO THE RANCH SORTER)

MAKE CHECKS PAYABLE TO RSNC

SURVEY FOR NEW MEMBERS ONLY:

***PLEASE COMPLETE A SEPARATE SURVEY SECTION FOR EACH NAME
LISTED ON THIS APPLICATION- ADDITIONAL SURVEY SECTIONS CAN BE
FOUND ON THE BACK OF THIS APPLICATION**

NAME: _____

PLEASE LIST ALL PENNING/SORTING ORGANIZATIONS THAT YOU HAVE
BEEN A MEMBER OF IN THE LAST 10 YEARS AND YOUR RATING.

_____	RATING: _____
_____	RATING: _____
_____	RATING: _____
_____	RATING: _____
_____	RATING: _____

HOW MANY YEARS/MONTHS HAVE YOU BEEN SORTING/PENNING? _____

HOW MANY AWARDS HAVE YOU WON IN SORTING/PENNING? _____

OVER THE PAST 3 YEARS, HOW MUCH MONEY HAVE YOU WON IN
SORTING/PENNING? SORTING: _____ PENNING: _____

ON A SCALE OF 1 TO 9 (1 BEING A BEGINNER/9 BEING A
PROFESSIONAL), PLEASE RATE YOUR ABILITY. _____

ON A SCALE OF 1 TO 9 (1 BEING VERY GREEN/9 BEING VERY
TRAINED), PLEASE RATE YOUR HORSE. _____

Temporary Rating _____

Date: _____ Approved By: _____

Adjusted Rating _____

Date: _____ Approved By: _____

CHECK # _____ AMOUNT _____

ADDITIONAL SURVEYS FOR NEW MEMBERS ONLY:

***PLEASE COMPLETE A SEPARATE SURVEY SECTION BELOW FOR EACH NAME LISTED ON THE FRONT OF THIS APPLICATION-
MAKE ADDITIONAL COPIES OF THIS SIDE IF NECESSARY.**

NAME: _____ NICK NAME (IF COMMONLY USED) _____ DATE OF BIRTH _____

PLEASE LIST ALL PENNING/SORTING ORGANIZATIONS THAT YOU HAVE BEEN A MEMBER OF IN THE LAST 10 YEARS AND YOUR RATING.

RATING: _____

RATING: _____

RATING: _____

HOW MANY YEARS/MONTHS HAVE YOU BEEN SORTING/PENNING? _____

HOW MANY AWARDS HAVE YOU WON IN SORTING/PENNING? _____

Temporary Rating _____

Date: _____ Approved By: _____

Adjusted Rating _____

Date: _____ Approved By: _____

OVER THE PAST 3 YEARS, HOW MUCH MONEY HAVE YOU WON IN SORTING/PENNING? SORTING: _____ PENNING: _____

ON A SCALE OF 1 TO 9 (**1 BEING A BEGINNER/9 BEING A PROFESSIONAL**), PLEASE RATE YOUR ABILITY: _____

ON A SCALE OF 1 TO 9 (**1 BEING VERY GREEN/9 BEING VERY TRAINED**), PLEASE RATE YOUR HORSE: _____

NAME: _____ NICK NAME (IF COMMONLY USED) _____ DATE OF BIRTH _____

PLEASE LIST ALL PENNING/SORTING ORGANIZATIONS THAT YOU HAVE BEEN A MEMBER OF IN THE LAST 10 YEARS AND YOUR RATING.

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