



2026 Membership Application

Name: _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone # _____ Alt. Phone # _____

Birth Date ____/____/____ last 4 of SSN _____

Membership Level

\$250 ☐ Membership ☐ Contract Act ☐ Announcer ☐ Specialty Act

\$150 ☐ Timer ☐ High School/Youth ☐ Ranch Bronc

Jacket Size (select only one) ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ other _____

Events Worked or Type of Card. Check all that apply.*

- | | | |
|--|--|---|
| ☐ Bareback Riding | ☐ Saddle Bronc Riding | ☐ Stock Contractor |
| ☐ Breakaway Roping | ☐ Steer Wrestling | ☐ Contract Act |
| ☐ Bull Riding | ☐ Team Roping - Heading | ☐ Pick Up Man |
| ☐ Bull Fighter | ☐ Team Roping - Heeling | ☐ Judge |
| ☐ Calf Roping | ☐ Secretary | ☐ Announcer |
| ☐ Girls Barrel Racing | ☐ Timer | ☐ Photographer |

Team Ropers must designate whether points will count for Heading or Heeling for the PCFR.

Choose One: ☐ Heading ☐ Heeling

In order to qualify for ROOKIE, this must be your FIRST year to be a member of ANY rodeo association (excluding High School). Are you a ROOKIE? * ☐ Yes ☐ No

Are you a PCA High School/Youth? ☐ Yes ☐ No

I hereby authorize my above named minor to participate in the PCA events. Parent Signature _____

*I agree not to hold the Professional Cowboy Association, the Rodeo Committee, the Stock Contractor, or anyone involved in the production of a rodeo sanctioned by the Professional Cowboy Association liable for any theft or injury sustained at, to or from any rodeo. I further agree to be bound by the rules of the Professional Cowboy Association, and understand the Professional Cowboy Association Board of Directors solely governs the interpretation of the rulebook. I also understand I must enter and compete at a minimum of twelve (12) PCA sanctioned FIRST rodeos as a member in order to be eligible for the Professional Cowboy Finals Rodeo in each event for which I qualify. ** ☐ Yes, I agree

*I agree to receive notices, advertisements, announcements, brochures, and other information from Professional Cowboy Association, via mail, facsimile, telephone or email. I understand that my express permission to fax, telephone or email me such notices and other information will continue and have no date of expiration. . ** ☐ Yes, I agree

*I hereby authorize the Professional Cowboy Association or its assigns to debit my Credit Card Account for the amount of the selected Membership Level , plus a \$8.00 Service Charge. ** ☐ Yes, I agree

Name on card: _____ Type: ☐ Visa ☐ Master ☐ Discover ☐ Amex

CC# _____ Exp Date ____/____ CVV _____

Submit application at next PCA Event or mail to office address below