2026 Membership Application

Name:_____

Address_____

City _____ State _____ Zip Code_____

Email _____

Phone #_____ Alt. Phone #_____

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

	Membership Level			
$500	☐ Stock Contractor Card			
$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

Professional Cowboy Association * P.O. Box 1368 * Robertsdale, AL 36567
main: (251) 947-4650 * pcarodeoasso@gmail.com