



2025 Membership

NAME _____ DOB ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

MEMBERSHIP FEES:

☐ Individual Membership..... \$50.00

Nominated Horse's Name _____

☐ Additional Nominated Horse \$10.00

Nominated Horse's Name _____

Nominated Horse's Name _____

☐ Youth Membership (10 & under) \$25.00

Total Fees Submitted _____

MAKE CHECKS PAYABLE TO TOBRA - \$30 FEE CHARGED ON RETURNED CHECKS

In making application for membership in the Texas Oklahoma Barrel Racing Association (TOBRA), I hereby agree to abide by all of its rules and regulations. Applicant(s) acknowledges that he or she has no absolute property or other right to participate in TOBRA events. Membership is good for calendar year. Rule books maintained online.

MEMBER SIGNATURE: _____ Date: _____

Signed: _____ Date: _____

If applicant is a minor, parent and/or guardian must sign above.