

Elite Bullriders Association
2026 Membership Application

This application must be filled out, signed, and mailed with membership dues to

Elite Bullriders Association, LLC. PO Box 85 Dade City, FL 33526.

Checks or money orders are to be made out Elite Bullriders Association, LLC.

FILL OUT COMPLETELY AND LEGIBLY

Date: _____ Name: _____

Birth Date: _____ Age: _____ Phone #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please select type of membership:

Contestant \$150: _____ Bull Fighter \$150: _____ Stock Contractor \$150: _____ Judge \$150: _____

Contract Act \$150: _____ PickUp Man \$150: _____

Member Profile:

Profile Please fill out this section no matter which membership you are requesting. This page will be used to promote our members through the media.

Jacket/Vest Size: XS: _____ S: _____ M: _____ L: _____ XL: _____ 2X: _____ 3X: _____ 4X: _____

Hobbies: _____

Other Professions/Occupations outside of Bull Riding: _____

Accomplishments: _____

Sponsors: _____

Goals: _____

Signature: _____ Date: _____

Office Use:

Member #: _____ Date Joined: _____. Rookie Elig?: _____