

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 tour 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?: _____