



ADULT MEMBERSHIP APPLICATION

NAME (PLEASE PRINT LEGIBLY) _____
CELL PHONE NUMBER

MAILING ADDRESS

CITY STATE ZIP

EMAL ADDRESS

Please select the membership type you wish to participate in this year:

Adult Membership: \$50.00
 Corporate Membership: \$100.00

Thank You for Supporting the SAILA Organization and its youth participants.

PLEASE SIGN THE RELEASE BELOW:

I, (print name) _____, as a member of the SAILA organization, acknowledge I have read the SAILA General Rules, Regulations, Code of Ethics and the National Code of Show Ring Ethics, as published on the SAILA website, and agree to observe and abide by these rules. I do release the Southern Arizona International Livestock Association (SAILA) and any of it's members, officers, directors, and or staff and volunteers from any liability or responsibility in the event of injury or mishap to myself or animals involved. ***In addition, I understand that my SAILA membership (either Adult or Corporate) authorizes me to one vote at all SAILA MEMBERSHIP meetings, including the annual meeting, and in order to cast my vote I must be present at the meeting.***

SIGNATURE OF APPLICANT _____
DATE

Please enclose a check payable to SAILA for your annual dues.
SAILA ADULT Membership is on a March to March annual basis.