**Mason Dixon Deputies**

**2021 Membership Application**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_HOME (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

NEW MEMBERSHIP \_\_\_\_ MEMBERSHIP RENEWAL \_\_ CMSA#\_\_\_\_\_\_\_ DIVISION \_\_\_\_\_\_ CLASS\_\_\_\_\_\_

Shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_ Sweatshirt Size \_\_\_\_\_\_\_\_\_\_\_ Coat Size\_\_\_\_\_\_\_\_\_\_

COMPLETE THIS FORM AND MAIL TO:

Mason Dixon Deputies, *Attn:* Jessie Flores, 8616 Cedar Lane Rd. Berlin, MD 21811

*For more information contact: Rob Johnston (443) 783-0018 or Colton Davis (443) 786-9007.*

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**MDD SINGLE MEMBERSHIP**

All persons wishing to participate in Mason Dixon Deputies activities and year-end awards. (12 years of age & up as of Oct. 18, 2020)

**Single $55.00 \_\_\_\_\_\_\_\_\_\_\_\_**

**(11 and under) Wrangler $25.00 \_\_\_\_\_\_\_\_\_\_\_\_**

**MDD FAMILY MEMBERSHIP**

Those persons living under the same roof in a spousal relationship and/or their children under the age of 21 who are still enrolled fulltime in school. Up to 4 family members; add $10 each additional member. *\*Please complete an application for each family member****.***

***\_\_\_\_\_\_\_\_\_\_\_\_*** ***$75.00***

***\_\_\_\_\_\_\_\_\_\_\_\_$10 Each Additional (Family includes up to 4 persons living in the same household )***

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**CMSA SINGLE**

CMSA single membership includes CMSA Competition Card, the Rundown Magazine, rule book, CMSA decal, and eligibility for World Point Qualifying points.

***$70.00 \_\_\_\_\_\_\_\_\_\_\_\_***

**CMSA FAMILY**

CMSA family membership includes CMSA Competition Cards, one copy of the Rundown Magazine, one rule book, a CMSA decal, and eligibility for World Point Qualifying points for each member*. \*Please complete an application for each family member*

***$100.00 \_\_\_\_\_\_\_\_\_\_\_\_***

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Liability Release Form: I understand that I am participating in a sport, which contains dangers and risks may arise, including but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by The Mason Dixon Deputies and the Cowboy Mounted Shooting Association and it agents and arena/land owners and sponsors, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members or employees from any and all such claims and indemnify from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

**Signature of Applicant Required**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent /Guardian Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL** \_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method: Cash Amount $ \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_