

Mason Dixon Deputies 2021 Membership Application



Name:		Date of Birth:		TE:	
ADDRESS	CITY		STATE	ZIP	
E-MAIL)	CELL (
NEW MEMBERSHIP MEMBER	SHIP RENEWAL _	CMSA#	DIVISION _	CLASS	
Shirt Size Sweatshirt S	ize Co	oat Size			
COMPLETE THIS FORM AND MAII	TO:				
		inston (443) 78	3-0018 or Colton .	Davis (443) 786-9007.	·****
MDD SINGLE MEMBERSHIP					
All persons wishing to participate in M	ason Dixon Deputie	s activities and	year-end awards.	12 years of age & up as of Oct. 1	18, 2020
Single \$55.00					
(11 and under) Wrangler \$2	5.00				
MDD FAMILY MEMBERSHIP					
Those persons living under the same ro fulltime in school. Up to 4 family mem <i>member</i> .					
\$75.00					
\$10 Each Addi	tional (Family incli	udes up to 4 pe	rsons living in the	same household)	
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CMSA SINGLE					
CMSA single membership includes CM World Point Qualifying points.	ASA Competition Ca	ard, the Rundov	vn Magazine, rule	book, CMSA decal, and eligibilit	ty for
\$70.00					
CMSA FAMILY					
CMSA family membership includes CN and eligibility for World Point Qualifyi	-			_	decal,
\$100.00					
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Liability Release Form: I understand that I am participat illness. In consideration of the right to participate in thes and arena/land owners and sponsors, I have and do here members or employees from any and all such claims and the contestant.	se events and the services proby assume the risks associated	ovided for me by The ed with such events. T	Mason Dixon Deputies an he contestant shall at his o	d the Cowboy Mounted Shooting Association a wn expense, defend management and/or all spo	and it agents onsors, their
Signature of Applicant Required_				Date	
Parent /Guardian Signature					
TOTAL					
Payment Method: Ca	sh Amount \$	C	neck #		