



**MEMBERSHIP APPLICATION FOR
THE RANGERETTES/WRANGLERS ORGANIZATION**

Name of member: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Email Address: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

We, as parents, give permission to the above named child to become a member of the Rangerettes/Wrangers Organization. We understand as parents, the commitment requested, and agree to comply with the rules as stated in the rule book for our child.

PARENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

I understand as a member of the Rangerettes/Wrangers that I am making a commitment to the organization and will comply with the rules of the organization as stated in the rules book provided to me. (For members 18 and older only!)

MEMBER'S SIGNATURE: _____ **DATE:** _____