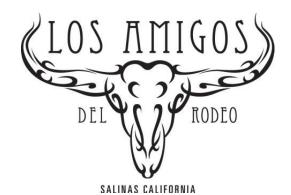
2019 Membership Application California Rodeo Salinas July 18-21, 2019



2019 Membership Application

| Name: | | Name: | |
|--|--|---|------------------------------------|
| Address | | | _ |
| CityS | State | Zip | _ |
| Phone: | Phone: | | |
| Email: | Email: | | _ |
| Membership fee is \$1500 a Memberships must be paid Applications will be proce Memberships are non-trai | d in full no later t ssed on a first co | | Memberships are limited. pasis. |
| Payments to be made | de to: Public Re P.O. Box Salinas, C Attentio | 2562 CA 93902 | ted, Inc. |
| To pay by credit card, fill | in the informati | on below: | |
| Credit Card # | | | _ |
| Exp Date:/ | CSV | | (3 digit # on back of card) |
| For questions or information | on please contact: | Katy Quinlan I 831-594-8061 Katy quinlan@ | |