SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name: Your Sport: Signature: Date: Acknowledgement:

Athletic Director/Coach

Sports Physical Form

Name:		Gender: M F	Date of Birth:	_//	Father's Name:
	Daytime phone,	pager, cell phone:			Mother's Name:
	Daytime, phone	, pager, cell phone:			Street address:
					City:
State:	Zip Code:	Home phone	::		Alternate
Emergency Contact Person:		Daytime phone:			Please indicate
MEDICAL ALERTS such as allergi	c reactions, contact	lenses, etc.:			

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES NO	Don't Know
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES NO	Don't Know
3.	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?		Don't Know
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?		Don't Know
5.	Does the athlete have a history of concussion (getting knocked out)?		Don't Know
6.	Has the athlete ever suffered a heat-related illness (heat stroke)?		Don't Know
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?		Don't Know
8.	Does the athlete take any medication(s)?		Don't Know
9.	Is the athlete allergic to any medications or bee stings?		Don't Know
10.	Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)	YES NO	Don't Know
11.	Has the athlete had an injury in the last year that caused the athlete to miss 3 or more	YES NO	Don't Know
	consecutive days of practice or competition?	YES NO	Don't Know
12.	Has the athlete had surgery or been hospitalized in the past year?	YES NO	Don't Know
13.	Has the athlete missed more than 5 consecutive days of participation in usual activities	YES NO	Don't Know
	because of illness, or has the athlete had a medical illness diagnosed that has not been		
	resolved in the past year?		
14.	Are you, the athlete, worried about any problem or condition at this time?	YES NO	Don't Know
	ase give details on any "YES" answer from the above health history.		
	ase give details on any "YES" answer from the above health history.		

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height	Weight	Pulse	Blood Pressure	
Vision: R / corrected	uncorrected R/	corrected	L / uno	corrected L/

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name	2		Stree	et
Address		City,	State	э,
Zip Code _		Tele	phon	e

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

_____Date_____

PARTICIPATION RESTRICTIONS:

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name:	Date of Birth:
Male: Female: Soc	tial Security # Phone:
Home Address:	City: Zip:
Father/Guardian's Name:	Work Phone:
Mother's Name:	Work Phone:
Primary Health Insurance Co	mpany:
Name of Policy Holder:	
Employer's Name:	Group ID#
Policy ID#:	Coverage under Self Parent/Guardian
If the student is insured unde bottom or back of this form.	er more than one policy, provide the additional information on the
Date:	Student-Athlete Signature:
Date:	_ Parent Signature:
Emergency Contact In	iformation
<u>Contact #1:</u> Name	Relation
Address	Home Phone
Work Phone	_ Cellular Phone
<u>Contact #2:</u> Name	Relation
Address	Home Phone
Work Phone	_ Cellular Phone

NAVAJO TECHNICAL UNIVERSITY

STUDENT-ATHLETE TRAVEL RELEASE FORM

All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.

PERSONAL IN	IFORMATION			
Student Name:	Student ID Number:			
Home Phone:	Cell Phone:			
Sport(s) You Play:	Coaches Name:			
RELEASE REQUEST				
Date of Event:	Means of Travel:			
Name of Parent/Legal Guardian:				
Signature (s)				
Student:	Date:			
Coach/Staff:	Date:			

NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

2014 - 2015 Certificate of Clearance

In accordance with the Family Educational Rights and Privacy Act, I the undersigned, hereby authorize the Faculty Athletics Representative, Athletics Director, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representative of NIRA, only for the purpose of determining my eligibility for intercollegiate athletics. It is further understood that I may receive copies of such material from the institution upon request.

The above statement is applicable for the sport of RODEO for the academic year, 2014/2015.

This form is to be completed in duplicate. The white copy is to be sent by mail or fax to the National Intercollegiate Rodeo Association, with the yellow copy to be retained by the institution.

Print or Type Student's Name	
Signature of Student	Date
College or University	
Social Security Number	Date of Birth

BIG SKY

- Blackfeet Community College
- Dawson Community College
- Little Big Horn College
- Miles Community College Montana State University
- Montana State University, Northern
- Northwest College
- University of Great Falls
- University of Montana
- University of Montana, Western

CENTRAL PLAINS

- Bacone College
- Coffeyville Community College
- Colby Community College
- Connors State College
- Dodge City Community College
- Fort Hays State University
- Fort Scott Community College
- Garden City Community College
- Kansas State University
- Northeastern Oklahoma A&M College
- Northwest Kansas Technical Northwestern Oklahoma State University
- Oklahoma State University
- Panhandle State University
- Pratt Community College Southeastern Oklahoma State University
- Southwestern Oklahoma State University
- Western Oklahoma State College

CENTRAL ROCKY MOUNTAIN

- Casper College
- Central Wyoming College
- Chadron State College
- Colorado State University
- Eastern Wyoming College
- Gillette College
- Lamar Community College Laramie County Community College

College / University

as a current student and grants permission that he be identified as a student of when participating at any NIRA sanctioned rodeos during the 2014-2015 year.

- Northeastern Junior College
- Otero Junior College
- Sheridan College

Signature

Title

Date

- United States Air Force Academy University of Wyoming

- **GRAND CANYON**
- Adams State College
- Central Arizona College
- Cochise College
- Dine College
- Mesalands Community College
- Navajo Technical College New Mexico Highlands University
- New Mexico State University
- Northland Pioneer College
- University of Arizona

GREAT PLAINS

- Black Hills State University
- Dickinson State University
- Hastings College
- Iowa Central Community College Iowa State University
- Mid-Plains Community College
- Mitchell Technical Institute
- Nebraska College of Technical Agriculture
- North Dakota State University
- South Dakota State University
- University of Nebraska-Lincoln
- University of Wisconsin River Falls

NORTHWEST

- **Blue Mountain Community College**
- Boise State University
- Central Oregon Community College
- **Central Washington University**
- Eastern Oregon University
- Eastern Washington University
- Treasure Valley Community College
- Walla Walla Community College

OZARK

- **Cossatot Community College**
- East Mississippi Community College Michigan State University
- Missouri Valley College
- Murray State University
- North Carolina State University
- Northwest Mississippi Community College
- Southern Arkansas University Three Rivers College

If the college you are currently attending is **NOT** listed above, was not a member school in 2013/2014, or is not a member school for the year 2014/2015, this document **MUST** be signed and sealed by the college President or Dean of Students.

hereby certifies

- Troy State University
- University of Arkansas-Monticello
- University of Tennessee-Martin
- University of West Alabama

ROCKY MOUNTAIN

- College of Southern Idaho
- Colorado Mesa University
- Colorado Northwestern Community College Dixie State College or Utah
 - Idaho State University
- Snow College
- Southern Utah University
- Utah State University
- Utah Valley University
- Weber State University
 - **SOUTHERN**

Northeast Texas Community College

Sam Houston State University Southwest Texas Junior College

Stephen F. Austin State University Texas A&M University

Texas A&M University Commerce

Texas A&M University Kingsville

Trinity Valley Community College

SOUTHWEST

Wharton County Junior College

Eastern New Mexico University

Howard County Junior College

Texas Technical University - Lubbock

WEST COAST

Cal Poly State University - San Luis Obispo

REVISED 6/14

California State University - Fresno

Cal Poly State University - Pomona

University of Nevada - Las Vegas

New Mexico Junior College

- Hill College
- McNeese State University

Clarendon College

Odessa College Ranger College

Vernon College Weatherford College

Frank Phillips College

South Plains College

Sul Ross State University , Tarleton State University

West Texas A&M University

Western Texas College

Feather River College

Lassen College

West Hills College

Student's Name

SCHOOL SEAL

Panola Junior College

graduate NOT			 NIRA 2014/2015 - INDIVIDUAL MEMBERSHIP APPLICATION If the college you are currently attending is NOT listed on the back of this application, was not a member school in 2013/2014, or is not a member school in 2013/2014, o	NIRA#	
College/University, DID College/University, DID			 1) COMPLETE ENTIRE APPLICATION. Incomplete applications will be placed on hold, and you will not be able to compete until your membership is complete. 2) Enclose school check, money order, or cashier's check. NO PERSONAL CHECKS ACCEPTED. 3) Enclose as signed high school affidavit with affixed seal if you are applying for your first NIRA card. 4) Enclose an OFFICIAL transcript from each institution attended, INCLUDING ANY COLLEGEE COURSES TAKEN IN HIGH SCHOOL. 5) Enclose a signed Certificate of Clearance. 6) In the Conge your are three of Clearance. 6) In the Conge your are three of Clearance. 6) In the Conge your are three of Clearance. 6) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are three of Clearance. 7) In the Conge your are	· · · · · · · · · · · · · · · · · · ·	
Colle					
			NIRA# Social Security #		
			Full Name: Last Middle		School
			Mailing Address: Phone Number ()	Class 1 2	
			Permanent Address: City State Zip Phone Number ()	Board Member	·
			Mail Publication to: 🛛 Mailing Address 🔄 Permanent Address E-mail address Cell Phone ()	Amount Enclos Pin R	ed \$
			Date of Birth: / / Age Marital Status: Married Single Gender: Female Male College Attending	PINK	lawhide
			Current Classification: 🛛 Freshman 🗋 Sophomore 🗳 Junior 🖾 Senior 🖾 Graduate Must Have Coaches Name		
			Major course of study: Rodeo Advisor/Coach's Signature:	Other CR page	
			Have you ever taken any college courses? YES NO (Must include official transcripts from all institutions attended. Were you a 2013-2014 NIRA Member? YES NO	MO/CC/SC/I	
			Did you attend college this previous semester? YES NO Including any during High School. Must have 2.0) Have you ever held a NIRA card before? YES NO		10704011
			WAIVER OF CLAIMS	Yr I	HS
is now attending: 	Signature:	LLA, WA 99362	the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, contract personnel, and sponsors, arising out of my participation and attendance at any NIRA event. <u>Claims for intellectual property rights.</u> I acknowledge that the NIRA has the exclusive right to photograph, film, record, televise, broadcast, or otherwise reproduce, advertise, publicize, exhibit, and display all NIRA sanctioned events for commercial purposes. In consideration of the rights and privileges I have as a member of the NIRA, I hereby grant the NIRA the right to use my name, voice, picture, and any other image, including any recording by any method, of my participation in any NIRA event, for commercial or any other purposes, and	A - HSAffidavit D - DNC D-12 - PASS 9	C - Clearance CS - Coaches E - NE / 12
nt, who is nt, who is	0	A	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above.	F - 4th YR	G - GPA < 2.
Student, who te	5	Date:	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims. I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the	H - NEH N - NME	- / L M - NEM
this date	5	Date:	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims. I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby	H - NEH N - NME NT - Not Taken	I - I / L M - NEM O - Old App.
this da		E - WALLA WALLA,	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. <u>Other claims.</u> I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. INDEMNIFICATION AGREEMENT I agree to indemnify the NIRA, its officers, directors, employees, contract personnel, and sponsors, for any costs, expenses, and attorneys' fees incurred as a	H - NEH N - NME NT - Not Taken Q - App. Sig.	I - I / L M - NEM O - Old App. P - Pers. Ck.
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School, on this da			I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. <u>Other claims.</u> I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. INDEMNIFICATION AGREEMENT I agree to indemnify the NIRA, its officers, directors, employees, agents, contract personnel, and sponsors, for any costs, expenses, and attorneys' fees incurred as a result of my breach of the agreements to waive the claims set forth above. By my signature I acknowledge and represent that I have read, understand, and agree to the above Waiver of Claims and the Indemnification Agreement.	H - NEH N - NME NT - Not Taken Q - App. Sig. RP - Rel. Parent S - Pres. Sig.	I - I / L M - NEM O - Old App. P - Pers. Ck. R - Rawhide RS - Rel. Sig.
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, High School, on this da	ם ספוופום דעענימוטון עפטן כפ טון	- THE AVENUE	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims, I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. INDEMNIFICATION AGREEMENT I agree to indemnify the NIRA, its officers, directors, employees, agents, NIRA members, contract personnel, and sponsors, for any costs, expenses, and attorneys' fees incurred as a result of my breach of the agreements to waive the claims set forth above. By my signature I acknowledge and represent that I have read, understand, and agree to the above Waiver of Claims and the Indemnification Agreement. By signing this application, I am agreeing to the following provisions: APPLICATION UNDERSTANDING AND REFUND POLICY NIRA membership dues are \$260.00 per NIRA year. This includes membership fees, medical insurance coverage, Collegiate Arena subscription, and an awards assessment fund of \$25. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the back you must pay an additional \$5.00. NIRA belt pins are available for \$10.00 each.	H - NEH N - NME NT - Not Taken Q - App. Sig. RP - Rel. Parent S - Pres. Sig. TC - Transcript	I - I / L M - NEM O - Old App. P - Pers. Ck. R - Rawhide RS - Rel. Sig TO - Transfer WD - Withdr
, High School, on this da	ם ספוופום דעענימוטון עפטן כפ טון	WALLA AVENUE -	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims, I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. INDEMNIFICATION AGREEMENT I agree to indemnify the NIRA, its officers, directors, employees, agents, NIRA members, contract personnel, and sponsors, for any costs, expenses, and attorneys' fees incurred as a result of my breach of the agreements to waive the claims set forth above. By my signature I acknowledge and represent that I have read, understand, and agree to the above Waiver of Claims and the Indemnification Agreement. By signing this application, I am agreeing to the following provisions: APPLICATION UNDERSTANDING AND REFUND POLICY NIRA membership dues are \$260.00 per NIRA year. This includes membership fees, medical insurance coverage, Collegiate Arena subscription, and an awards assessment fund of \$25. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the back you must pay an additional \$5.00. NIRA belt pins are available for \$10.00 each. * Refund Policy* I understand that if I am declared ineligible to obtain a NIRA card or if I void my card, I will not receive a refund.	H - NEH N - NME NT - Not Taken Q - App. Sig. RP - Rel. Parent S - Pres. Sig. TC - Transcript V - Void Card W - No WIPF	I - I / L M - NEM O - Old App. P - Pers. Ck. R - Rawhide RS - Rel. Sig TO - Transfer WD - Withdr YT - Prior Tal
, High School, on this da	חתוו פרפואפת מ חפוופו מו רתתרמווטוו תפחו כפ חוו	WALLA WALLA AVENUE -	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims, I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. I agree to indemnify the NIRA, its officers, directors, employees, agents, NIRA members, for any costs, expenses, and attorneys' fees incurred as a result of my breach of the agreements to waive the claims set forth above. By my signature I acknowledge and represent that I have read, understand, and agree to the above Waiver of Claims and the Indemnification Agreement. By signing this application, I am agreeing to the following provisions: APPLICATION UNDERSTANDING AND REFUND POLICY NIRA membership dues are \$260.00 per NIRA year. This includes membership fees, medical insurance coverage, Collegiate Arena subscription, and an awards assessment fund of \$25. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the back you must pay an additional \$5.00. NIRA belt pins are available for \$10.00 each. * Refund Policy* I understand that if I am declared ineligible to obtain a NIRA card or if I void my card, I will not receive a refund. Enclosed is \$10.00 for NIRA belt pin	H - NEH N - NME NT - Not Taken Q - App. Sig. RP - Rel. Parent S - Pres. Sig. TC - Transcript V - Void Card W - No WIPF Y - 6 Yr. RL	I - I / L M - NEM O - Old App. P - Pers. Ck. R - Rawhide RS - Rel. Sig. TO - Transfer , WD - Withdr YT - Prior Tak
, High School, on this da	חתוו פרפואפת מ חפוופו מו רתתרמווטוו תפחו כפ חוו	WALLA WALLA AVENUE -	I hereby waive the right to assert any claim against the NIRA and its assignees arising out of the use of my name, voice, likeness, etc., as described above. Other claims, I acknowledge that by becoming an NIRA member I have read and agreed to abide by the by-laws and rules of participation of the NIRA that are applicable to me. I hereby waive the right to assert any and all claims I may have against the NIRA, its officers, directors, employees, agents, NIRA members, and sponsors, arising out of the enforcement of the NIRA by-laws and rules of participation, including the by-laws and rules concerning eligibility and disciplinary action. INDEMNIFICATION AGREEMENT I agree to indemnify the NIRA, its officers, directors, employees, agents, NIRA members, contract personnel, and sponsors, for any costs, expenses, and attorneys' fees incurred as a result of my breach of the agreements to waive the claims set forth above. By my signature I acknowledge and represent that I have read, understand, and agree to the above Waiver of Claims and the Indemnification Agreement. By signing this application, I am agreeing to the following provisions: APPLICATION UNDERSTANDING AND REFUND POLICY NIRA membership dues are \$250.00 per NIRA year. This includes membership fees, medical insurance coverage, Collegiate Arena subscription, and an awards assessment fund of \$25. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the back you must pay an additional \$5.00. NIRA beth pins are available for \$10.00 each. * Refund Policy* I understand that if I am declared ineligible to obtain a NIRA card or if I void my card, I will not receive a refund. Benelosed is \$10.00 for NIRA beth pin Control of NIRA be	H - NEH N - NME NT - Not Taken Q - App. Sig. RP - Rel. Parent S - Pres. Sig. TC - Transcript V - Void Card W - No WIPF Y - 6 Yr. RL	I - I / L M - NEM O - Old App. P - Pers. Ck. R - Rawhide RS - Rel. Sig. TO - Transfer , WD - Withdr YT - Prior Tak
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• FIRST YEAR NIRA MEMBERSHIP APPLICANTS ONLY