



2025 Membership Application

Name(s): _____

Company/Ranch Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Cell Phone: _____ Cell Phone (2): _____

Email(s): _____

Membership Level, (check below):

Membership is required to participate; however, UBHA Membership can be paid the day of event at check-in.

Please note, each partner must purchase a UBHA Membership.

_____ UBHA Lifetime Membership (\$1,000)

_____ 2025 UBHA Competitor- Annual (\$175)

_____ 2025 UBHA Partner- Annual (\$100)*

_____ 2025 UBHA One-Event Permit (\$50)

**Partnership Membership must be accompanied with a "UBHA Competitor – Annual (\$175) Membership" & cannot be listed alone or with another Partnership Membership without an accompanying Annual UBHA Membership.*

Completed UBHA Membership Applications are to be emailed to unitedbuckinghorse@gmail.com or mailed.

Please indicate Payment Preference:

_____ Paying onsite by Check or Cash

_____ Mail Check (Please make checks payable to "UBHA" 600 Jones Rd, Weatherford, TX 76088)

_____ ACH Invoice (pay online via ACH Bank Transfer - 1% Transaction Fee)

_____ CC Invoice (pay online via Credit Card - 2.99% Transaction Fee)

If paying online, please provide email to for invoice: _____

Questions? Please contact Kay-Lee Bryant at (218) 349-1861 or unitedbuckinghorse@gmail.com

By the signature below, I expressly acknowledge and represent that I have carefully and thoroughly read this Agreement and UBHA Rules and Regulations and agree to abide by, adhere to and be subject to the terms and conditions as set forth herein.

Signature: _____ Date: _____