



NORTH
AMERICAN
HIGHLANDER
ASSOCIATION™

LAST NAME: _____ FIRST NAME: _____ M.I. _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____

AGE: _____ SEX: _____ EMAIL: _____

MEMBERSHIP FEE: \$25 for all competitors

MAKE CHECKS PAYABLE TO:

North American Highlander Association
821 South Washington St.
Papillion, NE 68046

COMPETITOR SIGNATURE: _____

(parents signature if under 18yrs. old)

DATE OF APPLICATION: _____ *(this will be your renewal date)*

By signing this application, I agree that I will not sue North American Highlander Association for injuries that may occur during competition or while traveling to or from a competition. I do realize that competing in the North American Highlander Association can be dangerous and by signing this membership application, I have chosen to compete at my own risk.

NEW: _____ RENEW: _____ CARD# _____

www.nahighlander.com