

Fill out and return to:  
**CSMA , Inc.**  
17865 64 3/10 Rd.  
Collbran, CO. 81624

## CSMA MEMBER APPLICATION



Please include your annual membership fee \$50 (outside United States \$60).

NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR INTEREST IN CSMA, INC,**  
( i.e. saddle maker, leatherworker, retail saddle dealer, saddle collector, silversmith, etc.)

**ARE YOU A SADDLEMAKER?** \_\_\_\_\_ **ASSOCIATED TRADES?** \_\_\_\_\_ **which trade?** \_\_\_\_\_

ESTABLISHED \_\_\_\_\_ YEARS AT PRESENT LOCATION \_\_\_\_\_

TRAINING \_\_\_\_\_

YEARS IN SADDLERY TRADE \_\_\_\_\_

SELF EMPLOYED \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

**SELL:** RETAIL \_\_\_\_\_ WHOLESALE \_\_\_\_\_ CONSIGNMENT \_\_\_\_\_ CONTRACT \_\_\_\_\_

**SELL BY:** STORE FRONT \_\_\_\_\_ PRIVATE SHOP \_\_\_\_\_ MAIL ORDER \_\_\_\_\_

DOMESTIC \_\_\_\_\_ INTERNATIONAL \_\_\_\_\_

**LITERATURE:** BROCHURE \_\_\_\_\_ CATALOG \_\_\_\_\_ VIDEOS \_\_\_\_\_ PUBLICATIONS \_\_\_\_\_

OTHER \_\_\_\_\_

**List areas of expertise that you feel confident in helping others with or  
giving presentations at workshops/seminars.**

**PRODUCTS MADE:** CUSTOM SADDLES \_\_\_\_\_ PRODUCTION SADDLES \_\_\_\_\_ WESTERN TACK \_\_\_\_\_

ENGLISH TACK \_\_\_\_\_ CHAPS \_\_\_\_\_ REPAIR SERVICE \_\_\_\_\_ PERSONAL GOODS \_\_\_\_\_

OTHER \_\_\_\_\_

Please initial any item you don't want available to the public through, publications, or the CSMA web site.

I APPLY FOR MEMBERSHIP IN THE COLORADO SADDLEMAKERS ASSOCIATION:

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP DUES ARE \$50.00 (outside US \$60) ANNUALLY PAYABLE TO: CSMA, INC.**

**COLORADO SADDLE MAKERS ASSOCIATION, INC.  
WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT**

In consideration for receiving instruction at any event held at or by COLORADO SADDLE MAKERS ASSOCIATION, INC., I on behalf of myself, my heirs, successors, representatives, and assigns, hereby waive, release, discharge, and agree to hold COLORADO SADDLE MAKERS ASSOCIATION, INC. and their respective affiliates, officers, directors, members, employees, agents, and representatives harmless from any and all claims, demands, and actions of any kind that I have or may hereafter accrue, directly or indirectly, arising out of or relating in any way to the participation of the undersigned in any event at COLORADO SADDLE MAKERS ASSOCIATION, INC., including, without limitation, litigation expense, attorney fees, damages, and costs. My waiver and release of all claims, demands, and actions includes, without limitation, any personal injury, death or property damage sustained as a result of the act or failure to act of any of the above-referenced entities.

I acknowledge that this instruction involves an inherent risk of serious personal injury or possible death. I knowingly assume any and all risks of injury or loss, including, without limitation, claims against any of the above-referenced persons and entities that are based on negligence, breach of contract, strict liability or any other claim for any injury or loss suffered during or in connection with any event at or by COLORADO SADDLE MAKERS ASSOCIATION, INC.

**Permission/Release Form**

I also grant permission for the COLORADO SADDLE MAKERS ASSOCIATION, INC., Inc. to print / publish my name and leather work in print materials. This includes publishing and marketing of greeting cards containing photos of leather art made by COLORADO SADDLE MAKERS ASSOCIATION, INC. members, to be marketed through direct contact and the CSMA Website. I understand that I am also granting permission to publish the likeness on the World Wide Web (www), a part of the internet for an indefinite period. Additionally, I understand that the COLORADO SADDLE MAKERS ASSOCIATION, INC. cannot control the viewing and use of this material once published / posted on the web site.

**My signature below is evidence that I have read, understood and agree  
to be bound by this Waiver, Release and Hold Harmless Agreement.**

**If parent of guardian is signing on behalf of a minor, print minor's name here:**

\_\_\_\_\_

\_\_\_\_\_  
**Participant or Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Please print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box

State

Zip code

Phone No: \_\_\_\_\_

**please return this form to: CSMA, Inc., c/o Kay Orton, 17865 64 3/10 Rd., Collbran, CO. 81624**