



# UPPER LLANOS PRESCRIBED BURN ASSOCIATION

P. O. Box 362 Junction, TX 76849-0362  
www.ulpba.org

### Officers and Directors

Lewis Allen, President; Sam Jetton, Vice President/Treasurer; Claudia Parker, Secretary;  
Gisele Berry; Michelle Brangenberg; Robin Jetton; Billy Mogford; Shane Mogford; Brian Rieck; Ward Whitworth  
Burn Coordinator: Sam Jetton Equipment Manager: Shane Mogford

## MEMBERSHIP APPLICATION FORM

To join the association, complete and sign this form, enclose your membership fee and mail to the address below.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY WHERE RANCH IS LOCATED: \_\_\_\_\_

YOUR RANCH'S LIABILITY INSURANCE COMPANY: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE/CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RANCH FOREMAN/MGR INFO: \_\_\_\_\_

ANY EQUIPMENT YOU MAY HAVE AVAILABLE: \_\_\_\_\_

MY ANNUAL MEMBERSHIP FEE (FOR THE CALENDAR YEAR) IS ENCLOSED:

1. \_\_\_\_\_ \$50.00 for active membership in ULPBA.
2. \_\_\_\_\_ \$50.00 I prefer to be listed as an inactive member at this time.  
Please keep me on your mailing list.
3. \_\_\_\_\_ \$25.00 for associate membership in ULPBA  
(No voting rights/cannot check out ULPBA equipment)  
Fee is waived for members of KC Volunteer Fire Depts.
4. \_\_\_\_\_ *I am enclosing an additional donation to help ULPBA with expenses and equipment.*

Mail this membership form, along with your check payable to:  
ULPBA  
P. O. Box 362  
Junction, TX  
76849-0362

I understand that ULPBA, its members, officers, and directors cannot sanction or conduct any prescribed burn. I acknowledge and agree that I, along with my liability insurance company, bear complete responsibility for the outcome of any prescribed burn I undertake unless I have hired a certified and insured prescribed burn manager (CPBM) licensed by the Texas Department of Agriculture sanctioned to burn for hire in my geographical area. **I agree to indemnify and hold harmless all members of ULPBA from all claims, lawsuits, or other causes of action resulting from any unintended result of my prescribed fire.** I further agree that I will follow the guidelines established by ULPBA in order to demonstrate due diligence and reasonable care. I further covenant that I have the authority to represent \_\_\_\_\_ with my signature below:

(Ranch/Partnership on membership application)

PRINTED NAME

SIGNATURE

DATE