

Old Dominion Equestrian Endurance

Organization, Inc. Membership Form

 **Annual membership is January – December.**

 **Please note: Applications received up to October 31**

 **will be applied to current year only.**

|  |  |
| --- | --- |
| Name: |  |
| Family Members: |  |
|  |  | *(Fill in for Family Membership only)* |  |  |  |
| Address: |  |
| City: |  |  |  |  | State: |  |  | Zip Code: |  |
| Phone: |  |  |  |  | Cell: |  |  |  |  |
| Email: |  |  |  |  | and |  |  |  |  |
|  |  | *(Please print clearly)* |  |  |  |  |
| Annual Membership: | ❑ Individual ($25 – 1 vote) | ❑ Family ($35 – 2 votes) |
| Lifetime Membership: | ❑ Individual ($400 – 1 vote forever) | ❑ Family ($500 – 2 votes forever) |
| ❑ PayPal. Payment@ODEEO.org. Please send your completed membership form to the below email. |
| ❑ Check is enclosed. | ❑ Credit Card payment this year only. | ❑ Automatically renew. |
| Name on the Card: |  |
| Card Type: | ❑ Visa | ❑ MasterCard | ❑ American Express | ❑ Discover |
| Card Number: |  | Expiration Date: |  |
| Card 3-Digital CID Code (found on the back): | **\_\_\_\_\_\_\_**\_\_ |  |  |  |
| I would like to volunteer to help at:  | ❑ rides | ❑ clinics | ❑ other events |
| *I agree to uphold and adhere to the rules of the Old Dominion Equestrian Endurance Organization, Inc.* |
| Signature: |  | Date:  |  |
| *Checks should be made payable to “Old Dominion Equestrian Endurance Organization, Inc.”* |
| Please send completed membership form and check to: |
| Old Dominion Equestrian Endurance Organization, Inc. |
| 16813 Clarkes Gap Road |
| Paeonian Springs, VA 20129 |
| or send membership form (if paid through PayPal) by email to Treasurer@ODEEO.org. |
| For Questions, Contact: (540) 554-2004 or email: give2bute@aol.com |
| [www.OldDominionRides.org](http://www.OldDominionRides.org)  |