



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 also send complete membership form by 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 payment to:

**Old Dominion Equestrian Endurance Organization, Inc.
16813 Clarkes Gap Road
Paeonian Springs, VA 20129**

Contact: (540) 554-2004 or email: give2bute@aol.com
www.OldDominionRides.org