2026 DURANT RIDING CLUB ANNUAL MEMBERSHIP FORM

Name:

Address:

City/State/Zip:

Phone #:

*E-mail:

Dependents under 18 years of age (as of January 1st):
(*Immediate family living in household ONLY*)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Membership: Individual $25.00/Family $40.00   **Total Enclosed:**

CDIB Card _____

* As a member of the Durant Riding Club, your e-mail address will be added to receive online announcements. Please indicate below if you would like to be added:

For and in consideration for membership in the DURANT RIDING CLUB, I hereby release the DURANT RIDING CLUB and any other organization or individual in charge of or connected with the DURANT RIDING CLUB from any and all claims and/or liability from any accidents, injury, damage or loss incurred or suffered by me or anyone in my charge or care no matter what the nature or cause and I further agree to indemnify and hold harmless the DURANT RIDING CLUB and any other organization or individual in charge of damages, costs, charges, expenses, legal fees or any other loss or expense incurred by said organizations or the individuals connected thereto resulting from any accident, injury, damage, or loss incurred or suffered by any third party resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental, or negligent which caused or contributed to the cause of such accident, injury, damage, or loss incurred or suffered by such third party. I do hereby certify that I have read the foregoing and agree to the same and further agree to abide by all rules and regulations of the DURANT RIDING CLUB and state that I am qualified for membership there.

Signed _____ Date _____

SEND MEMBERSHIP FORM AND CHECK PAYABLE TO DURANT RIDING CLUB TO:
Durant Riding Club   PO Box 1923   Durant, OK 74702-1923

- -

RECEIPT FOR PAYMENT

Membership Year	Date Paid	Amount	Method of Payment	Officers Initials
2026				