## **2025 DURANT RIDING CLUB ANNUAL MEMBERSHIP FORM**

Name:						
Address:						
City/State/Zip:						
Phone #:						
*E-mail:						
Dependents under ( <i>Immediate family</i>		•	ry 1 <sup>st</sup> ):			
Name ———					Age	
Name ———					Age	
Name					Age	
Name					Age	
Membership: Inc	dividual \$25.0	00/Family \$4	40.00	Total Enclo	osed:	
		CDIB Card				
* As a member of the announcements. Plea	_	•			receive	online
For and in considerate DURANT RIDING COURANT AND COURANT RIDING COURANT RICING CO	CLUB and any of CLUB from any a red by me or any anify and hold have of damages, co- nizations or the i red or suffered b whether such ac- ase of such accide at I have read the	ther organization and all claims a one in my characterists the DU osts, charges, expendividuals confugate where intentions and the confugation of	n or indivind/or liabing or care RANT RILE penses, lenected thereby resulting onal, accidance, or los agree to the end.	idual in charge of ility from any act no matter what DING CLUB ar igal fees or any of reto resulting from g from any acts of ental, or neglige ss incurred or su the same and furt	of or connections, in the nature and any other loss or actions ent which affered by ther agrees	nected with the njury, damage or e or cause and I her organization or expense ecident, injury, s on my part or by caused or such third party. e to abide by all
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 PAYME						
Membership Year 2025	<u>Date Paid</u>	<u>Amount</u>	Metho	od of Payment		Officers Initials