



Old Dominion Endurance Rides, Inc. Membership Form

Name: _____

Family Members: _____
(fill in for Family Membership only)

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____
(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)

Check is enclosed. Credit Card payment this year only Renew annually automatically
(credit card only)

Name on card _____

Card type: Visa MasterCard American Express Discover

Card # _____ Expiration Date: (month) _____ (year) _____

Card 3-digit CID Code (found on 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 Endurance Rides, Inc.

Signature _____ Date: _____

Checks should be made payable to “Old Dominion Endurance Rides, Inc.”

Please send completed membership form and payment to:

Lani Newcomb - OD Membership
33715 Snickersville Turnpike
Bluemont, VA 20135

Contact: (540) 554-2004 or e-mail: give2bute@aol.com

www.olddominionrides.org – web form