FORT DALLES RIDERS ASSOCIATION

1023 Irvine Street, P.O. Box 491, The Dalles, Oregon, 97058

2018 Membership Application

Please complete the form and mail it, along with your check made payable to the Fort Dalles Riders Association to: PO Box 491, The Dalles OR 97058

Name(s) Application Date

| Jr. Member's Name | Age |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jr. Member's Name | Age |
| Jr. Member's Name | Age |
| Address City | State Zip |
| Phone Cellular E-mail | 0,/// |
| The Fort Dalles Riders Association Waiver of Respondent In consideration of the acceptance of my participation of myself, my heirs, executors, administrators, and assign and all rights and claims or damages against the Fort Dalparticipating sponsors, supports, Officers and Directors, all claims of damages, demands, or actions whatsoever in my participation in said event or activity. I attest and verify that I have read the above, have these activities, that I assume those risks, that I will assume emergency expenses in the event of accident, illness or other property. | ation in any club sponsored activity, I, gns, do waive, release and discharge any lles Riders Association, any or all of its members and agents of such parties for any manner arising or resulting from the full knowledge of the risks involved in me and pay my own medical and |
| Member/Participant Signature | Date |
| Member/Participant Signature | Date |
| Parent/Guardian Signature of Applicant under age 18 | Date |
| () Family or Individual Membership \$50 Amount Encl | osed \$ Ck# Cash |
| Membership dues shall be paid upon application and are | renewable on January 1, (no later than |

Membership dues shall be paid upon application and are renewable on January 1, (no later than January 31) of each year thereafter. By signature above, I/we agree that as a member of the Fort Dalles Riders Association, I/we will abide by all Club Rules, Regulations and By-Laws. Junior Riders membership (under age 18) while unable to have voting privileges, will have all other rights and responsibilities. Membership in the Fort Dalles Riders Association entitles the member one vote, to hold Office and to receive the official Fort Dalles Riders Association publication, The Fence Rider, published monthly, or periodically, at the editor's discretion