

MOTDRA

Middle of the Trail Distance Riders Association

Membership Application

Date of Application: _____

Name: _____ Address: _____

(PLEASE PRINT)

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

(PLEASE PRINT CLEARLY)

FEES: \$20.00 for single membership
\$30.00 for family membership
List Family members below:

Please Mark which riders are Junior Riders.

PAYMENT BOX

Membership Total: \$ _____

Mileage Program Total: \$ _____

GRAND TOTAL: \$ _____

Please Remit to MOTDRA
c/o Althea Sirridge
18492 Effingham Rd
Valley Falls, Ks 66088

BACK MILES FOR INITIAL ENROLLMENT

MOTDRA will count back miles for MOTDRA Rides that were completed during the ride year of initial enrollment only. If you have back miles write the mileage and name of the ride that you attended.

MOTDRA MILEAGE PROGRAM

FEES:

Horse: initial enrollment: \$10:00 x number of horses _____ = \$ _____

Annual renewal: \$5:00 x number of horses _____ = \$ _____

Rider: initial enrollment: \$10:00 x number of riders _____ = \$ _____

Annual renewal: \$5:00 x number of riders _____ = \$ _____

Special initial enrollment rate for one horse and one rider \$15.00 per pair = \$ _____

HORSE MILEAGE PROGRAM:

First Year Horse
(yes or no)

Name: _____ Breed _____ Age _____ Gener _____

Name: _____ Breed _____ Age _____ Gener _____

Name: _____ Breed _____ Age _____ Gener _____

Name: _____ Breed _____ Age _____ Gener _____

Name: _____ Breed _____ Age _____ Gener _____

LIST THE BREED ASSOCIATION AND #'S YOU BELONG TO: _____

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