



**OFFUTT RIDERS ASSOCIATION
MEMBERSHIP APPLICATION/AGREEMENT**

I, _____, the undersigned affirm that I have read and agree to abide by the rules and obligations of the Offutt Riders Association (ORA) as set forth in the ORA Charter and Bylaws.

Address: _____

City / State / Zip _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: (H) _____

(W) _____

Additional Info: _____

Signature: _____ Date: _____



ORA Representative: _____

Dues Paid: _____ Date Paid: _____

Date ORA Patch provided (initial membership only): _____