



OPA Riders Membership Application

Name _____ Age (if under 18) _____ Spouse (if applying for family membership) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

1) _____ 2) _____

Email (please print very clearly) _____

Name(s) and age(s) of children if applying for a family membership:

1) _____ 2) _____

3) _____ 4) _____

How did you hear about us? _____

Membership Dues

Membership year is January 1 through December 31. Membership is required to be eligible for year-end awards. Points start accruing the day you become a member.

- | | | | |
|-------------------------------------|-----------------------------------|---|------|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Gymkhana | <input type="checkbox"/> Individual | \$40 |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> English | <input type="checkbox"/> Couple or family | \$55 |
| | | <input type="checkbox"/> Supporting* | \$50 |

*A supporting member is an individual or family who wants to support the club financially but is unable to be an active participant.

OPA Riders depends on the help of volunteers to run all functions. As a club member, you will be expected to actively participate a few hours per year. Please let us know what activities you prefer:

- | | | | |
|-------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Arena Prep | <input type="checkbox"/> Announcing | <input type="checkbox"/> Typing | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Timer | <input type="checkbox"/> Entry Booth | <input type="checkbox"/> Mailing | <input type="checkbox"/> Arena Clean-up |
| <input type="checkbox"/> Arena Crew | <input type="checkbox"/> Publicity | <input type="checkbox"/> Telephoning | <input type="checkbox"/> Social Functions |
| <input type="checkbox"/> Gate Crew | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Open/Close | <input type="checkbox"/> Awards |

Applicant Signature _____ Signature of Parent (if applicant under 18) _____

**Make check payable to OPA-ETC and mail completed form and check to
OPA Horseshows, 3419 E. Chapman Ave. #480, Orange, CA 92869.
For additional information contact Ava Roberts at 714-740-5151x1 or ava@opa-etc.org.
www.opa-etc.org & www.facebook.com/OrangeParkArenas**

For office use only: Date received _____ Membership number _____