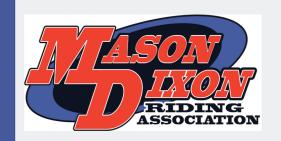
2023 MDRA Rider Membership Application



FIRST NAME			LAST NAME	=		
ADDRESS						
CITY			STATE		ZIP	
PHONE #	()		E-MAIL			
BIRTHDATE	1 1	RIDER #		AMA #		
CLASS(ES) RIDING						
_						
RIDER SIGNATURE			PAREI	NT SIGNATU	RE	

Membership includes a \$5 discount on MDRA Open Practice Sessions

NO ONE-DAY PASS OF \$5 WILL BE REQUIRED FOR MDRA RACES WITH YOUR MEMBERSHIP

Fee PRIOR TO March 1, 2023: \$30

Fee AFTER March 1, 2023 : \$35

AMOUNT ENCLOSED: \$ _____

