____ INDIVIDUAL (\$20)

YEAR (1/1--12/31) _____

_____ FAMILY (\$30—Includes children under 21 years living at home)

DATE PAID:

LAST NAME (please print)			FIRST NAME (please print)		DOB (required if <18)	
ADDRESS:				01-1-1-	7: 0: 4	
	Street	/P.O. Box	City	State	Zip Code	
PHONE(S):	Home	Work	Cell	E-mail		
Is it (OK to publish ye	our name, address, j	ohone number(s) and E-m	ail address in th	ne club directory?	
YES	NO (If No, t	o which part?)	
			ment will be assessed any fo	Ū	Updated 2/2	
INDIVI	DUAL (\$20)	MOUNTED ORIEI	NIEERING MEMBERSI	ERING MEMBERSHIP APPLICATION YEAR (1/112/31)		
FAMILY (\$30—Includes children under 2						
	·		ree to comply with all rule			
LAST NAME (please print)			FIRST NAME (please print)		DOB (required if <18)	
ADDRESS:			0:10		7'	
	Street	/P.O. Box	City	State	Zip Code	
PHONE(S):	Home	Work	Cell	E-mail		
Is it (OK to publish ye	our name, address, j	phone number(s) and E-m	ail address in th	ne club directory?	
YES	NO (If No, t	o which part?)	
	Barry Pet	erson, Treasurer	e to Idaho Mounted Orient 1111 Poplar Dr. Moun ment will be assessed any fe	eering (or IMO) tain Home, ID	83647	