



CALENDAR YEAR 2008
NATIONAL OPRC
CHAPTER FORM
Please Print Very Clearly

DATE: _____

CHAPTER INFORMATION

Chapter Name:	
Location:	State:

PRESIDENT

First Name:		Last Name:	
Address:			
City:		State:	ZIP:
Home Phone: () -		Email:	

VICE PRESIDENT

First Name:		Last Name:	
Address:			
City:		State:	ZIP:
Home Phone: () -		Email:	

SECRETARY

First Name:		Last Name:	
Address:			
City:		State:	ZIP:
Home Phone: () -		Email:	

TREASURER

First Name:		Last Name:	
Address:			
City:		State:	ZIP:
Home Phone: () -		Email:	

MEMBERSHIP COORDINATOR

First Name:		Last Name:	
Address:			
City:		State:	ZIP:
Home Phone:		Email:	

Chapter Point of Contact: An email address is required for at least one officer. Correspondence will be emailed to the Chapter President unless another officer is indicated above as the primary Chapter POC.

Membership Questions or Changes in Above Information: Email to: membership@oldpeoplesridingclub.org.

Additional Information: <http://oldpeoplesridingclub.org>