



Organization of Racing Investigators

Member Application Form

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www.horseracinginvestigators.com

All applicants for membership in the Organization of Racing Investigators must complete this application and meet all requirements. Verification of employment may be required prior to membership acceptance.

Any investigator **employed** by a racing commission or authority, racing association or track, the Thoroughbred Racing Protective Bureau, or a local, county, state or federal law enforcement or regulatory entity having the responsibility for investigating and enforcing pari-mutuel racing rules and laws, may apply for a yearly active membership.

Forward your completed application and non-refundable annual membership dues of \$30 (US) for individual, or \$100 (US)* for agency to: Don Ahrens c/o Sam Houston Race Park, 7575 N Sam Houston Pkwy West, Houston, Texas, 77064. **If paying electronically through Eventbrite there will be an added processing fees.*

For Individual Membership complete the following:

Name: _____ Title: _____

Phone Number: _____ Agency: _____

Email: _____

Address: _____ City _____ State ____ Zip _____

Country (if not USA): _____

Supervisor: _____ Supervisors Number: _____

Supervisors E-mail: _____ I would like my contact

information to be added to the member directory. Yes or No

For Agency Membership complete the following:

Agency Name: _____ Agency Phone: _____

Agency Address: _____ City: _____ State: ____ Zip: _____

Country (if not USA): _____

Agency Head: _____ Phone: _____ Email: _____

Contact Person: _____ Telephone: _____

Email: _____

Members of the Agency to participate in ORI:

Name	Title	Email	Telephone

I would like my agency's members contact information to be added to the member directory.
Yes or No

Privacy Statement

All information contained in this application or interview will be held in the strictest confidence. Information will be used only in connection with your application for membership with this organization and for no other purpose whatsoever. Information will not be released to any other person or agency without your expressed written consent.

Certification

I have personally reviewed this application and the information set forth in my application is true and complete. I have not provided misinformation or concealed facts concerning my background or qualifications for membership. I further understand that if my application is accepted, any misleading or false statements on this application shall be considered sufficient cause for termination of membership.

Applicant or Designee Signature: _____ Date: _____

Applicant or Designee Printed Name: _____

Date Received: _____	Approved: _____	Denied: _____
Reviewed by: _____		
Signature of Reviewed: _____		
Notes: _____		