



# Membership Application

Southern Dirt Riders Association  
www.southerndirriders.com



By signing this application, I certify I have read and agree to abide by all rules as long as I'm a member of the SDRA. \_\_\_\_\_ (Initial)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Child #1: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #4: \_\_\_\_\_

Children– 20 years old and under

See payment page of website for your total cost.

Total amount of check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All applications must be accompanied by a copy of members license or state issued photo ID. This applies to everyone.