



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– ages under 18

Spouse must be of the opposite gender.

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.