Southern Enduro Riders Association Membership Application

	Please check one:	New Member	Renewal Li	fe Spouse	
		PI	ease Print		
SERA #		AN	MA #		
First Name		MI	Last Name		
Address					
City			State	Zip	
Age	Birth Date				
Home Phone	()				
Work Phone	()				
Cell Phone	()				
E-Mail:			·····		
Helmet Size:	Adult		Youth/Child		
Please F	Read Carefull	v and Sign 9	Signifying Com	plete Understan	dina
of my particip		I also agree to hold asses or injuries (Inc	blameless the owners of t luding death).	luding death) that may occ he properties that I may cro	ess during the
Signature	e of Rider			/ Date	
FOR AI	LL RIDERS	JNDER 21 of the above named m	YEARS OLD	and agree to the minor's partic reservations.	
Signature	e of Parent/Gua	rdian		/	
Appeared bef I do hereby ce	ore me on thisertify that the signee ur	day of derstands and fully	, 20_ accepts the document cor	npletely.	
Notary Signat	ture (Seal)		/ Date		
Mail to: SERA	ıddar				
c/o Debbie Ru 155 Kaye Dr.	uader	\$25 M	lembership Fee		

\$25 Membership Fee Make checks out to SERA,

Madison, MS 39110