

2025 Southern Pullers Association Membership Sign Up

By submitting this form and becoming a member of the Southern Pullers Association (SPA), applicants agree to abide by all association rules and regulations as outlined in the official SPA Handbook. Membership provides trucks and their drivers with the following benefits during the 2025 pulling season:

- Eligibility for trucks and drivers to compete in the official SPA points standings.
- Discounted hook fees at SPA-sanctioned events.
- Access to end-of-season points placement awards, including payout checks based on standings.
- Opportunity for trucks and drivers to be featured on event promotional materials throughout the year.
- And more...

Completion and submission of this application, along with payment of the required membership dues, constitutes an agreement to participate in SPA-sanctioned events in good faith and to represent the association with professionalism and sportsmanship.

Driver Information

Primary Driver Name: _____

Phone Number: _____

Mailing Address:

Street: _____

City: _____ State: _____ ZIP Code: _____

Additional Drivers (if applicable)

Additional Driver Name: _____

Additional Driver Name: _____

Truck Information

Class: _____

Truck Name: _____

Make and Model: _____

Class: _____

Truck Name: _____

Make and Model: _____

Membership Fees

Primary Driver and Truck Membership:	1 Driver & 1 Truck =	\$ 600
Additional Truck Membership:	\$300 per truck × _____ truck(s) =	\$ _____
Additional Driver Membership:	\$100 per driver × _____ driver(s) =	\$ _____
	Total Fees:	\$ _____

CHECKS ARE TO BE MADE OUT TO THE **SOUTHERN PULLERS ASSOCIATION**
MAIL CHECK & FORM TO SPA SECRETARY: **414 Old Hagan Rd. Glennville, GA 30427**

By signing below, I certify that the information provided in this application is accurate and complete. I agree to abide by the rules and regulations of the Southern Pullers Association and acknowledge that failure to comply may result in forfeiture of membership benefits.

I further understand that failure to provide accurate and complete information may result in checks being sent to the incorrect person, name, or address, and I accept responsibility for ensuring all details are correct.

Signature: _____

Date: _____