



MEMBERSHIP APPLICATION 2024-2025

Name: _____

Mailing Address: _____

Email Address: _____

Phone #: _____ Date of Birth: ____/____/____

Type of Membership (check one):

Individual (\$30) - includes one adult or junior for a period of one year

Family (\$40) - includes two adults and minors under 18 living in the same household

Please mail with check payable to **SOUTHEAST ENDURANCE RIDERS ASSOCIATION** to:

SEERA Treasurer, P.O. Box 216, Lithia, Florida 33547.