



SouthEastern Association of Trailriders

PO Box 15042
Chesapeake VA 23328

<http://www.seat-va.org>

Bring form and payment to a meeting or mail to above address.

Please fill in all blanks and PLEASE PRINT CLEARLY.

Name (s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Cell Phone Carrier: _____ For SEAT Alerts and Announcements

_____ Individual \$20/year _____ Family \$30/year _____ Printed Newsletter \$10/year

_____ New Membership _____ Renewal _____ # of Members

I, the undersigned participant, understand that I ride and participate in SEAT rides and events at my own risk and in no way hold landowners, officials, other riders, or the SouthEastern Association of Trailriders responsible for my safety, loss of property, or injury, including death, which may occur.

I (we) accept responsibility for my (our) actions, the actions of any minors for whom I am (we are) responsible, and any actions of my equine(s). I (we) have read the SEAT Trail Etiquette guidelines, which can found at <http://www.seat-va.org/trail-etiquette.html>, and will adhere to them.

Signature of each member over 18 years of age required.

Signature _____ Date _____

Signature _____ Date _____

To be completed by Treasurer

Date Paid _____ Individual Family

Amount Paid _____ Cash or Check # _____