



# 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 \_\_\_\_\_

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To be completed by Treasurer

Date Paid \_\_\_\_\_ Individual      Family

Amount Paid \_\_\_\_\_ Cash or Check # \_\_\_\_\_