

S.A.D.R.A.

Membership Application

MEMBER

Name: _____
Address: _____
City, State, Zip _____
Phone #: _____
Cell: _____
Fax: _____
Email Address: _____
Occupation: _____
Business Phone: _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

MEMBER SPOUSE

Name: _____
Address: _____
City, State, Zip _____
Phone #: _____
Cell: _____
Fax: _____
Email Address: _____
Occupation: _____
Business Phone: _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

CHILD 1

Name: _____
Address: _____
City, State, Zip _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

CHILD 2

Name: _____
Address: _____
City, State, Zip _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

CHILD 3

Name: _____
Address: _____
City, State, Zip _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

CHILD 4

Name: _____
Address: _____
City, State, Zip _____
Bike: _____
Race Class: _____
Bike #: _____
Emergency Contact: _____
- Contact Phone #: _____

Application can be faxed to (941) 981-1448, emailed to admin@sadraracing.com or mailed with check* for membership dues to: SADRA, Attn: Marie Ralston • 4984 Creekside Trail • Sarasota, FL 34243

* Note – please make all checks payable to SADRA.

Membership Dues for Individuals \$10.00 Annually
Membership Dues for Family \$15.00 Annually