

SOUTH EAST SOUTH
DAKOTA ATV
ASSOCIATION INC.

Annual Membership Application

check membership type

--- Single \$20 year

--- Family \$25 year

--- Business \$100 year

Name : _____

Address: _____

City: _____

State: _____ Zip _____

Phone #: _____

e-mail: _____

Signature: _____

Mail to: SESDAA

45634 305th St

Wakonda SD 57073

As a SESDAA member I agree to be a safe responsible ATV user and abide by club rules & bylaws. I understand that ATV use can be a dangerous activity and agree not to hold SESDAA Inc. or any of its officers liable for any damage or injury that might occur while participating in club activities.