

# Membership Application Form

Annual Membership Dues: \$30.00

Questions – Contact Rich Shangreaux, Membership Chairman

605.280.0982 OR [rjshang48@gmail.com](mailto:rjshang48@gmail.com)

**Member Name:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Member Spouse Name:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Member Address:**

\_\_\_\_\_  
Street Address, City, State, Zip Code

**Spouse Birthday:**

\_\_\_\_\_  
mm/dd/yyyy

**Member Birthday:**

\_\_\_\_\_  
mm/dd/yyyy

**Are you a Veteran?:**

Yes    No

**Employer:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_



**Your Vehicle(s):**

\_\_\_\_\_  
Year                      Make                      Model                      Color

\_\_\_\_\_  
Year                      Make                      Model                      Color

\_\_\_\_\_  
Year                      Make                      Model                      Color

\_\_\_\_\_  
Year                      Make                      Model                      Color

\_\_\_\_\_  
Year                      Make                      Model                      Color

**Associate Member of:**

\_\_\_\_\_

**SDSRA #:**

\_\_\_\_\_

**NSRA #:**

\_\_\_\_\_