

SENIOR STEER ROPERS ASSOCIATION
2017 MEMBERSHIP DUES STATEMENT
FILL OUT AND RETURN WITH \$250

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

SPOUSE _____

MARK YOUR DESIRED DIVISION:

SENIOR DIVISION (50 OR OLDER BY 12/31/17) _____

SUPER SENIOR DIVISION (60 OR OLDER BY 12/31/17) _____

I will not hold the Senior Steer Ropers Association responsible for any accidents to myself, my family or any of my livestock while driving to or from or while at any approved SSRA event.

SIGNED _____ DATE _____

RETURN TO:

SSRA
P O BOX 565
SLATON, TX 79364