



USEA EVENTING AFFILIATE APPLICATION FORM

MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 EACH YEAR

EVENTING ASSOCIATION: _____ **USEA AREA:** _____

WEBSITE ADDRESS: _____ **E-MAIL:** _____

EVENTING ASSOCIATION PRESIDENT

NAME: _____ **USEA #:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

DESIGNATED EVENTING ASSOCIATION REPRESENTATIVE

(The Eventing Association's representative can be designated in lieu of the president, if the president elects not to be the contact. The designated representative must be a USEA member. This person will be listed in the USEA Omnibus and on the website and will act as the liaison between the Eventing Association and the USEA.)

NAME: _____ **USEA #:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

NEWSLETTER EDITOR

(The Eventing Association's newsletter editor will receive a complimentary supporting membership. They will receive a subscription to the bi-monthly Eventing USA magazine, the publication of the United States Eventing Association, if they are not already a USEA member.)

NAME: _____ **USEA #:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

AFFILIATION FEES: CHECK ONE:

\$75 (if your membership does NOT exceed 100 members) \$125 (if your membership exceeds 100 members)

Enclosed is my check made payable to USEA (check must accompany application form) **OR**

Charge my Visa Master Card American Express

Credit Card#: _____ Exp. Date: _____ CVV: _____

Name on Credit Card: _____ Billing Zip Code: _____

MAIL APPLICATION TO:

U.S. Eventing Association | Attn: Member Services Dept. | 525 Old Waterford Rd, NW | Leesburg, VA 20176

Phone: (703) 779-0440 • Fax: (703) 779-0550 • Email: Jennifer@useventing.com