



USEA COLLEGIATE TEAM APPLICATION FORM

MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 OF EACH YEAR

COLLEGE OR UNIVERSITY: _____ **USEA AREA:** _____

WEBSITE ADDRESS: _____

E-MAIL: _____

TEAM PRESIDENT

NAME: _____ **USEA #:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

DESIGNATED COLLEGIATE REPRESENTATIVE/FACULTY ADVISOR OR COACH

(The designated representative must be a USEA member. This person will be listed on the website and will act as the liaison between the college and the USEA.)

NAME: _____ **USEA #:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

NEWSLETTER EDITOR

NAME: _____ **USEA #:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

FEES: \$75 + \$5 COVID-19 Recovery Fee

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 Service Dept. | 525 Old Waterford Rd, NW | Leesburg, VA 20176

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