



USEA INTERSCHOLASTIC EVENTING LEAGUE APPLICATION FORM

MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 OF EACH YEAR

TEAM NAME: _____ **USEA AREA:** _____

WEBSITE ADDRESS: _____

E-MAIL: _____

DESIGNATED TEAM REPRESENTATIVE

(This person will be listed on the website and will act as the liaison between the team and the USEA.)

NAME: _____ **USEA #:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

TEAM'S ICP CERTIFIED INSTRUCTOR *if applicable*

NAME: _____ **USEA #:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

FEES: FREE THROUGH 2022!

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

OR EMAIL APPLICATION TO: memberservices@useventing.com