



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/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 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