MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 OF EACH YEAR

PARENT/GUARDIAN INFORMATION:

WHO DO YOU TRAIN WITH?

EMAIL:

MEMBERSHIP DUES: Check One: □ \$50 + \$10 Admin Fee (Training Level and Below) □ \$75 + \$10 Admin Fee (Modified Level and Above) _____ ADDITIONAL AREA: ____ SELECT YOUR USEA AREA: _____ For the purposes of Awards, Qualifications and Programs. If left blank, your Area designation will default to your mailing address. ☐ Enclosed is my check made payable to USEA (check must accompany application form) **OR** Visa ■ Master Card American Express Charge my: Credit Card#: Exp. Date: _____ CVV: ____ Billing Zip Code: ____ Print Name on the Card: USEA MEMBERSHIP IS REQUIRED TO COMPETE IN THE AREA YOUNG RIDER PROGRAM USEA#: ____ RIDER INFORMATION: NAME: ______ D.O.B: _____ CITY: ______ STATE: _____ ZIP: _____ PHONE: ______ FAX: _____ EMAIL:

For more information contact your Area Young Rider Coordinator.

TRAINER NAME 1: TRAINER EMAIL:

NAME: PHONE:

TRAINER NAME 2: ______ TRAINER EMAIL: _____

To locate your Area Young Rider Coordinator visit the USEA website at www.useventing.com/about/areas

Renew online at services.useventing.com, log into your account and click the Join/Renew button

MAIL APPLICATION TO:

U.S. Eventing Association | Attn: Member Service Dept. | 525 Old Waterford Rd, NW | Leesburg, VA 20176 Phone: (703) 779-0440 ext.1 | Email: Memberservices@useventing.com