



USEA YOUNG RIDER PROGRAM MEMBERSHIP APPLICATION

MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 OF EACH YEAR

MEMBERSHIP DUES: Check One: \$50 (Modified Level and Below) \$75 (Preliminary Level and Above)

SELECT YOUR USEA AREA: _____ **ADDITIONAL 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**

Charge my Visa Master Card American Express

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

RIDER INFORMATION: _____ **USEA#:** _____

NAME: _____ **D.O.B.:** _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

EMAIL: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____

PHONE: _____

EMAIL: _____

WHO DO YOU TRAIN WITH?

TRAINER NAME 1: _____ **TRAINER EMAIL:** _____

TRAINER NAME 2: _____ **TRAINER EMAIL:** _____

For more information contact your Area Young Rider Coordinator.
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 (2) • Fax: (703) 779-0550 • Email: Memberservices@useventing.com