



# 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:** \_\_\_\_\_

## FEES: \$75

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