



Application for New Membership

USTA Number

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

Date of Birth

Gender:

M

F

No. & Street Address (Permanent Address)

City

State/Province

Zip Code

Area Code

Home Phone Number

Area Code

Business Phone Number

Area Code

Mobile Phone Number

E-Mail Address

EXPIRATION DATES

A - D 12/31

E - K 3/31

L - Q 6/30

R - Z 9/30

We do not pro rate membership or driver trainer fees

QUALIFYING QUESTIONS

1. Have you been licensed under any other name? Yes No Name: _____
2. Are you currently under suspension by any state/provincial racing commission? YES NO
3. Have you been convicted of a felony or misdemeanor within the past 5 years? YES NO
4. Do you have criminal charges involving either a felony or misdemeanor currently pending against you? YES NO
5. Are you currently incarcerated or on parole or probation as a result of a conviction? YES NO

If you have answered yes to any of the questions 2-5, furnish complete details on a separate sheet of paper and attach.

I hereby apply for active membership in the United States Trotting Association and enclose herewith payment of dues therefor. In doing so and as long as I am a member, I subject myself to all provisions of the By-Laws, Rules and Regulations of the Association and agree to abide by and observe all of such provisions including Article I, Section 12 of the Association By-Laws, which limits suits against the Association to the courts, Federal or State, of the jurisdiction within which the principle office of the Association is located. I certify that all information herein is true and complete to the best of my knowledge and belief. I understand that in connection with this application, a routine inquiry may be made to provide information as to my experience, character, general reputation, personal characteristics and mode of living. I authorize verification of this information and of the information provided herein, and release all concerned from any liability in connection therewith. I am aware that a false statement on this application will be sufficient reason for revocation of my membership or denial of my application and if there is any material change in answer to any questions, I must report such changes in writing to the USTA within ten (10) days after such changes occur.

X _____

Signature of person applying

Date

**APPLICATION CONTINUED
ON OTHER SIDE**

Application for New Membership cont.

Section 1	MEMBERSHIP	SUBTOTAL
Membership	<input type="checkbox"/> 1 yr. \$90 <input type="checkbox"/> 3 yrs. \$222	①

Section 2	HOOF BEATS SUBSCRIPTION	SUBTOTAL
NOTE: All PRINT subscriptions include Hoof Beats Direct at no additional cost; view at myaccount.ustrotting.com.		
<i>Hoof Beats</i> (U.S. Residents)	<input type="checkbox"/> 1 yr. (12 print and digital issues) \$17.50 <input type="checkbox"/> 2 yrs. \$32.50 <input type="checkbox"/> 3 yrs. \$46	
<i>Hoof Beats</i> (Canada)	<input type="checkbox"/> 1 yr. (12 print and digital issues) \$35 <input type="checkbox"/> 2 yrs. \$67.50 <input type="checkbox"/> 3 yrs. \$99	
<i>Hoof Beats</i> (Foreign) <small>For air-mail delivery, add \$15 per year.</small>	<input type="checkbox"/> 1 yr. (12 print and digital issues) \$57.50 <input type="checkbox"/> 2 yrs. \$112.50 <input type="checkbox"/> 3 yrs. \$166	
<i>Hoof Beats Direct</i> only (no print copy)	<input type="checkbox"/> 1 yr. (12 digital issues) \$17.50	
E-mail address you would like <i>Hoof Beats Direct</i> sent to:	_____	②

Section 3	SHOW YOUR SUPPORT	SUBTOTAL
Harness Racing Museum and Hall of Fame (voluntary contribution) (\$10 suggested minimum)		③

Save with the USTA Member Discounts. As a member of the USTA, you have an advantage. Not only are you a part of an association that lives for the Standardbred sport, but your membership entitles you to special savings on products used for your equine farm, business, or personal use. To enjoy the benefits of one-stop buying, take advantage by calling toll-free at 888.257.USTA (8782). USTA Member Discounts—getting you more from your membership.	FREE
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TOTAL AMOUNT/PAYMENT INFORMATION	SUBTOTALS
Subtotal for Section 1 - Membership	①
Subtotal for Section 2 - <i>Hoof Beats</i> Subscription (\$17.50 +)	②
Subtotal for Section 3 - Hall of Fame contribution (\$10 +)	③
TOTAL ENCLOSED	

Please do not send cash.

For U.S. and Canada: Pay by check, money order or credit card in U.S. funds only.

Outside U.S. and Canada: Payment is by credit card only.

Payment Method: Check Money order Visa/MasterCard Name as appears on card: _____

Complete only if paying by credit card: CVV Code

Expiration date: ____/____/____ Signature (for credit card charge) _____
Month Year

Note: Contributions or gifts to the USTA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

- I do NOT wish to receive special offers in the mail from USTA selected partners.
- I do NOT wish to receive e-mails from USTA selected partners.
- I do NOT wish to receive any e-mail correspondence from the USTA.
- Do NOT give out my contact information (name, phone numbers, e-mail, address) to others.