



Renewal Application for Stable/Stallion Syndicate

MEMBER INFORMATION

Member No: _____ Stable/Syndicate Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Phone: _____

CORRESPONDING OFFICER/SYNDICATE MANAGER SIGNATURE

I, as the corresponding officer or syndicate manager, hereby apply to renew the USTA membership for the above mentioned stable/syndicate.

Member No: _____ Name: _____
 Signature: _____ Date: _____

If you need to change the corresponding officer, please use the "Change to Corresponding Officer - Stable" form

ADDITION OF MEMBER (optional, if more space is needed, please attach a separate sheet)

By signing below, each individual participant acknowledges that they are a part of the above-mentioned stable and agree that the corresponding officer may sign on their behalf for all necessary USTA paperwork.

1. Member No: _____ Name: _____ Share No(s) (Stallion Syndicate only): _____
 Signature: _____ Date: _____
 2. Member No: _____ Name: _____ Share No(s) (Stallion Syndicate only): _____
 Signature: _____ Date: _____

REMOVAL OF MEMBER (optional, if more space is needed, please attach a separate sheet)

By signing below, each individual acknowledges that they are no longer a part of the above-mentioned stable.

1. Member No: _____ Name: _____ Share No(s) (Stallion Syndicate only): _____
 Signature: _____ Date: _____
 2. Member No: _____ Name: _____ Share No(s) (Stallion Syndicate only): _____
 Signature: _____ Date: _____

RENEWAL APPLICATION FOR STABLE MEMBERSHIP

Membership: 1 yr. \$25 3 yrs. \$75

PAYMENT INFORMATION

Please do not send cash. **For U.S.:** Pay by check, money order or credit card in U.S. funds only. **Outside U.S.:** Payment is by credit card *only*.

TOTAL AMOUNT ENCLOSED \$ _____

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

Complete only if paying by credit card: CVV Code

Expiration date: ____ / ____ Signature: _____



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