



# Application for Track Membership

County Fair/Qualifying Tracks – Due April 1, 2016

## TRACK INFORMATION

Name of Organization: \_\_\_\_\_

Facility Address (Street, City, State, Zip): \_\_\_\_\_

Race Dates and Post Times: \_\_\_\_\_

Will Track Require Declaration Blanks? N \_\_\_ Y \_\_\_ If Yes, how many Trot? \_\_\_\_\_ Pace? \_\_\_\_\_ (reminder, 50 blanks to a pack)

## CORRESPONDING OFFICER

Name of Corresponding Officer: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Corresponding Officer Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## RACE OFFICIALS

Speed Superintendent: \_\_\_\_\_

Presiding Judge: \_\_\_\_\_ Starter: \_\_\_\_\_

Charter: \_\_\_\_\_ Photo Finish: \_\_\_\_\_

Person who sends entries/results to USTA (Clerk): \_\_\_\_\_

## SIGNATURE

Application is hereby made for Membership to The United States Trotting Association subject to all the provisions of the Bylaws, Rules & Regulations of the Association and agreeing to abide by and observe all such provisions. It is further agreed that the applicant will not refuse or attempt to refuse a decision or determination of this Association in any jurisdiction other than that provided by Section 7 of Article 1 of the Bylaws.

\_\_\_\_\_  
Signature of person applying for renewal Date

## PAYMENT INFORMATION

**Please do not send cash;** total to be remitted in U.S. funds **TOTAL AMOUNT ENCLOSED \$ 80**

Payment Method:  Check/Money Order  Visa/MasterCard/Amex Name as it appears on card: \_\_\_\_\_

Complete only if paying by credit card (U.S. dollars only): 

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 CVV Code 

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Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**MAIL TO: U.S. Trotting Association, 6130 S. Sunbury Rd., Westerville, OH 43081-9309**  
Call Toll Free: 877-800-8782 Local: 614-224-2291 Fax: 614-224-4575 www.ustrotting.com