



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 10 years? YES NO
4. Do you have criminal charges involving either a felony or misdemeanor or 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 7 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**

