

Application for New Membership

PERSONAL INFORMATION		
Last Name First Name Middle Initial Date of Birt	h	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 Num E-Mail Address	nber	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: Are you currently under suspension by any state/provincial racing commission? Have you been convicted of a felony or misdemeanor within the past 5 years? Do you have criminal charges involving either a felony or misdemeanor currently pending against you? Are you currently incarcerated or on parole or probation as a result of a conviction? If you have answered yes to any of the questions 2-5, furnish complete details on a separate sheet of particular.	□YES □YES □YES □YES aper and	□NO □NO □NO □NO □Attach.
I hereby apply for active membership in the United States Trotting Association and enclose here therefor. In doing so and as long as I am a member, I subject myself to all provisions of the By-L the Association and agree to abide by and observe all of such provisions including Article I, Sect Laws, which limits suits against the Association to the courts, Federal or State, of the jurisdiction office of the Association is located. I certify that all information herein is true and complete to t and belief. I understand that in connection with this application, a routine inquiry may be made to my experience, character, general reputation, personal characteristics and mode of living. I ac information and of the information provided herein, and release all concerned from any liability aware that a false statement on this application will be sufficient reason for revocation of my mapplication and if there is any material change in answer to any questions, I must report such changes occur.	aws, Rution 12 n within he best to provuthorized in coninger	ules and Regulations of of the Association By- n which the principle of my knowledge vide information as a verification of this nection therewith. I am ship or denial of my
X Signature of person applying Date		

APPLICATION CONTINUED ON OTHER SIDE

Application for New Membership cont.

Section 1		MEMBERSHIP			SUBTOTAL	
Membership	☐ 1 year: \$90	☐ 3 years: \$222			1	
Section 2	ноо	F BEATS SUBSCRIP	FION		SUBTOTAL	
*All PRINT subscriptions include Hoof Beats Direct at no additional cost; view at myaccount.ustrotting.com.						
Hoof Beats (U.S. reside	ents) 🔲 1 year (p	rint and digital): \$17.50	☐ 2 years: \$32.50	☐ 3 years: \$46		
Hoof Beats (Canada))	🖵 1 year (p	rint and digital): \$35	☐ 2 years: \$67.50	☐ 3 years: \$99		
Hoof Beats (Foreign))	🛭 1 year (p	rint and digital): \$57.50	☐ 2 years: \$112.50) 🔲 3 years: \$166	2	
Section 3 SHOW YOUR SUPPORT				SUBTOTAL		
Harness Racing Museum and Hall of Fame (voluntary contribution) (\$10 suggested minimum)				3		
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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					FREE	
calling toll-free at 888.257.USTA (8782). USTA Member Discounts—getting you more from your membership.						
TOTAL AMOUNT/PAYMENT INFORMATION					SUBTOTALS	
Subtotal for Section 1 - Membership						
Subtotal for Section 2 - Hoof Beats Subscription (\$17.50 +)						
Subtotal for Section	3 - Hall of Fame contri	bution (\$10 +)		3		
For U.S.: Pay by check, mo Outside U.S.: Payment is	•	•		TOTAL 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 (for credit card charge)						
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.						

