Application for New Youth Membership

From one equine enthusiast to another, we invite you to join the U.S. Trotting Association! Become a part of our harness racing family, there's never been a better time to be a Youth Member. Your youth membership is FREE until your 18th birthday. You will also receive a subscription to *Youth Beats,* a magazine for and about kids in harness racing, which is mailed twice per year.

For more information about Youth Membership and activities, visit us online at www.ustrotting.com (select "Youth Corner" after clicking on the "Members" dropdown).

Thanks for being a part of the USTA—it wouldn't be the same without you!

PERSONAL INFORMATION

Last Name | First Name | Middle Initial

Date of Birth (mm/dd/year)

Gender: ☐ M ☐ F

No. & Street Address (Permanent Address)

City | State/Province | Zip Code

Your membership expires based on the first letter of your last name:

A-D: 12/31 L-Q: 6/30

E-K: 3/31 R-Z: 9/30

Area Code Home Phone Number

Area Code Business Phone Number

Area Code Mobile Phone Number

E-mail address: _____

☐ Do NOT give out my contact information (name, phone numbers, e-mail, address) to others.

☐ 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 hereby apply for active membership in the United States Trotting Association and enclose herewith payment of dues therefor, if applicable. 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, parent or guardian — Date

U.S. Trotting Association
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