



# USEA THERAPEUTIC RIDING CENTER AFFILIATE APPLICATION FORM

**MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 EACH YEAR**

**THERAPEUTIC RIDING CENTER NAME:** \_\_\_\_\_ **USEA AREA:** \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

## THERAPEUTIC RIDING CENTER PRESIDENT

**NAME:** \_\_\_\_\_ **USEA #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## DESIGNATED THERAPEUTIC RIDING CENTER REPRESENTATIVE

*The therapeutic riding center representative can be designated in lieu of the president, if the president elects not to be the contact. The designated representative must be a USEA member or hold a USEA account. This person will be listed on the USEA website and will act as the liaison between the therapeutic center and the USEA.*

**NAME:** \_\_\_\_\_ **USEA #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## NEWSLETTER EDITOR

*(The therapeutic center's newsletter editor will receive a complimentary supporting membership. They will receive a subscription to the bi-monthly Eventing USA magazine, the publication of the United States Eventing Association, if they are not already a USEA member.)*

**NAME:** \_\_\_\_\_ **USEA #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## THERAPEUTIC RIDING CENTER AFFILIATE FEES: CHECK ONE: *(will be waived for two years)*

\$75 + \$5 (if your membership does NOT exceed 100 members)     \$125 + \$5 (if your membership exceeds 100 members)

*Learn more about the \$5 COVID-19 Recovery Fee at [www.useventing.com/covid-19-recovery-fee](http://www.useventing.com/covid-19-recovery-fee)*

Enclosed is my check made payable to USEA (check must accompany application form)

**OR**

Charge my     Visa     Master Card     American Express

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

## MAIL APPLICATION TO:

U.S. Eventing Association | Attn: Member Services Dept. | 525 Old Waterford Rd, NW | Leesburg, VA 20176

Phone: (703) 779-0440 • Fax: (703) 779-0550 • Email: [Jennifer@useventing.com](mailto:Jennifer@useventing.com)