

2012 COLLEGIATE MEMBERSHIP APPLICATION

UNITED STATES HUNTER JUMPER ASSOCIATION



Collegiate members are those riders or coaches participating in IHSA/ USHJA competitions. The membership year runs from September 1st to August 31st.

Riders and coaches who are new to the IHSA and have not previously been a member of USHJA or USEF must submit a USHJA membership application via fax or mail. Riders and coaches who are current or previous members of USHJA or USEF may purchase a USHJA membership by mail or fax using this form or online through the USHJA website (www.ushja.org). Memberships may also be purchased over the phone. Phone memberships will be subject to a \$15 rush fee.

Please note that due to having a unique competition year, USHJA collegiate memberships cannot be upgraded. Since it is the policy of the USHJA to allow only one membership per person, IHSA participants who are currently members of the USHJA at the active or outreach level (valid 12.01-11.30) and plan to continue their participation at that level should not purchase a USHJA Collegiate membership. Note that it is the responsibility of the rider to ensure that memberships that expire on 11.30 are renewed on or before 12.01, ensuring they remain eligible to compete in IHSA competition.

Questions and comments should be directed to Kimberly Knotek 859.225.6709 or Chris Murphy 859.225.6714 USHJA Zone and Competitions Coordinators.

Name: _____ USEF/USHJA#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (Evening): _____

Fax: _____ E-mail: _____

Date of Birth: _____

Primary Designation (Circle One) Rider Coach

Collegiate Annual Membership Fee: Rider – \$15 Coach – \$35

By submitting this application and membership dues, you agree to uphold USHJA's Ethic's Policy

PAYMENT INFORMATION (Do not detach)

Total Amount Enclosed: \$ _____

Please do not send cash (Make checks payable to the United States Hunter Jumper Association)

Check # _____

Visa Master Card Discover Card AMEX

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CARD NUMBER

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EXPIRATION DATE

Card Holder's Name (Please print): _____ Billing Zip Code: _____

Card Holder's Signature: _____

MAIL APPLICATION AND PAYMENT TO:
USHJA, 3870 Cigar Lane, Lexington, KY 40511
Phone (859) 225-6700 Fax (859) 258-9033
www.ushja.org