



EQUESTRIAN VAULTING USA

2023 Club Membership Form

INSTRUCTIONS: • Complete Required (*) sections and include other information as available • Keep a copy of the membership form and cancelled check • Include completed membership forms for all who are members of your Club; your completed SAFETY FORMS (www.equestrianvaulting.org/members/forms); and one payment to cover all fees.
Questions: 323-654-0800; info@equestrianvaulting.org

[] \$75 CLUB MEMBERSHIP - (\$65 if postmarked by 12/31/22)** [] \$35 AFFILIATE CLUB

****NOTE:** All Clubs with a mailing address outside of the United States must pay an additional shipping fee of \$25 for *Equestrian Vaulting Magazine*.

*Club Name: _____ First Year-AVA Registered: _____

*Address: _____ *City: _____

*State: _____ *Zip: _____ *Phone: _____ Fax: _____

*Primary Contact/ Manager _____

*Email: _____

Recognized Club Website: _____

PLEASE NOTE:
*Primary Contact and all listed
Coaches & Lungers must be
current EVUSA members in
order to compete*

Coach(es): _____

Club Affiliations: [] 4H [] USPC [] CHA [] PATH International [] Other _____

Lunger(s): _____

Percentage of your club members who do any form of adaptive vaulting: _____

HORSE REGISTRATION

www.equestrianvaulting.org -->log in as Individual --> Your Account-->Household Horses

- Look-up EVUSA Horse Numbers
- Register NEW horses and update existing data.
- For assistance, please contact EVUSA info@equestrianvaulting.org

REGISTER ONLINE: www.equestrianvaulting.org (log in as Individual)

MAIL: Make check payable to EVUSA and mail to
Equestrian Vaulting USA, 1443 E. Washington Blvd #289, Pasadena, CA 91104;
FAX: 323-654-4306; or **EMAIL:** info@equestrianvaulting.org

PAYMENT OPTIONS

CHECK: Made payable to the EVUSA
CREDIT CARD: (Visa/MasterCard/Discover/Amex)

Credit Card Number: _____ Security Code: _____

Name on Credit Card: _____ Exp. Date: ____ / ____

Credit Card Billing Address: _____ Billing Zip Code _____ 1/18/23