



EQUESTRIAN VAULTING USA CHANGE CLUB MEMBERSHIP FORM

Use One Form for Each Club Membership Change

Fee: \$10.00

Name: _____ DOB: _____ USA Citizen [] Yes [] No

Address: _____ EVUSA # _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

[] Vaultler [] Coach [] Longer [] Other _____

1) CURRENT EVUSA member of _____ Club

2) CHANGE TO EVUSA Member of _____ Club

Signed by Coach or Club Manager of **2)** _____

Send this form to the EVUSA, with check payable to EVUSA.

Mail to: EVUSA National Office, 1443 E. Washington Blvd #289, Pasadena, CA 91104

OR fax to 323/654-4306 OR email (info@equestrianvaulting.org) with the following:

Credit Card Type [] Visa [] MasterCard **Card #:** _____

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

Signature: _____ Date: ____/____/____

If name, billing zip, or phone on your credit card is different from membership above, please note below:

To be completed by EVUSA National Office

Date: _____ Amount Enclosed: _____ [] Cash [] Check # _____

Signature of AVA Office Manager: _____

Note that any vaulter changing clubs after the close of entries for a competition may not vault in a TEAM CLASS for their new club at that competition.