

USRIDER EQUESTRIAN MOTOR PLAN

WWW.USRIDER.ORG

CLASSIC MEMBERSHIP- \$149/YEAR + \$29 ACTIVATION FEE (\$178 TOTAL)
PRIMARY MEMBER (\$149) + ASSOCIATE MEMBER (\$79)- ACTIVATION FEE WAIVED (\$228 TOTAL)

PREMIER MEMBERSHIP- \$329/YEAR + 1 FREE ASSOCIATE MEMBER. EACH ADDITIONAL ASSOCIATE (\$99)

**Associate - An associate member is Your spouse or domestic partner who is a resident in the same household; Your child, who is a resident of the same household and a licensed driver under the age of 19; or Your child, whose primary residence is the same household, is a tax dependent of the "Member", is considered a full-time student at an accredited college or university, and is 25 years of age or younger; or Employee (Premier Membership only.)*

SELECT MEMBERSHIP TYPE: **CLASSIC MEMBERSHIP** **PREMIER MEMBERSHIP**

PRIMARY MEMBER

First Name:	Middle Initial:	Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:		
Address:	City:	State:	ZIP Code:
Home Phone:	Mobile Phone:		

How did you hear about us?

ASSOCIATE MEMBER

Please add any additional Associates to the back of this application.

First Name:	Middle Initial:	Last Name:	
Relationship to Primary Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Employee			Child Birthdate*:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	Mobile Phone:	

PAYMENT INFORMATION

We Accept:	VISA MASTERCARD DISCOVER CHECK		
Credit Card Number:	Expiration Date (MM/YY):		
Name exactly as it appears on card:			
Billing Address:			
City:	State:	ZIP Code:	

AUTO RENEW-CHECK FOR AUTOMATIC RENEWAL. THIS FEATURE CAN HELP YOU AVOID A POSSIBLE LAPSE IN COVERAGE. YOU WILL BE NOTIFIED PRIOR TO RENEWAL AND YOU MAY CHANGE THIS OPTION AT ANY TIME. PAYMENT BY CREDIT CARD REQUIRED.

PAPERLESS BILLING-CHECK TO RECEIVE YOUR RENEWAL NOTICE ELECTRONICALLY. E-MAIL ADDRESS REQUIRED.

If you have a Promotion Code enter it here: _____

YOUR SIGNATURE

I have read this application and everything I have stated is accurate. I understand that the acceptance or use of this program will be subject to the terms of the Membership Agreement that will be sent to me in the USRider Membership Kit.

Signature of Applicant:	Date:
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Please mail to USRider Equestrian Motor Plan, PO Box 20634, Boulder, CO 80308-3634.

