

USRIDER EQUESTRIAN MOTOR PLAN

WWW.USRIDER.ORG

INDIVIDUAL MEMBERSHIP-\$139/YEAR + \$29 ONE TIME ACTIVATION FEE (\$168 TOTAL)
PRIMARY MEMBERSHIP (\$139) + ASSOCIATE MEMBERSHIP (\$79)-ACTIVATION FEE IS WAIVED (\$218 TOTAL)

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

INDIVIDUAL/PRIMARY MEMBERSHIP

First Name:		Middle Initial:		Last Name:	
Gender: Male/Female (Please circle)			Email:		
Address:		City:	State:	ZIP Code:	
Home Phone:		Mobile Phone:			

How did you hear about us?

WOULD YOU LIKE TO ADD AN ASSOICATE?

First Name:		Middle Initial:		Last Name:	
Relationship to Primary Member: Spouse/Domestic Partner/Child				Child Birthdate*:	
Gender: Male/Female (Please circle)		Email:		Mobile Phone:	

- € **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 IS REQUIRED.

PAYMENT INFORMATION

We accept: VISA MASTER CARD DISCOVER <i>OR</i> Pay by Check <i>(Please circle)</i>			
Credit Card Number:			Expiration Date (mm/yy):
Name Exactly as it appears on card:			
Billing Address:			
City:		State:	ZIP Code:

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

