

U.S. TWIRLING ASSOCIATION MEMBERSHIP APPLICATION 2011 SEASON

[APPLY ONLINE AT WWW.USTWIRLING.COM](http://WWW.USTWIRLING.COM)

All memberships include accident insurance - Now \$10,000 of medical & dental coverage.

This form replaces ALL previous membership forms. Please complete the information below and return this application with the correct payment for the type of membership you choose. You may charge your membership to your credit card. **All memberships expire August 31, 2011.**

Member Name: Parent/Guardian Name (If athlete is under 18):		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Athlete's Primary Coach
City	State	Zip
Phone	USTA ID:	Birth date
Member Email:	Parent/Guardian Email:	Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No
Tender <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Card No	Expiration /
TYPE: MC VISA Am. Ex. Discover	Name on Card	Signature

By participating in a USTA event, you give USTA permission to use photos and video of this athlete taken in conjunction with a USTA event.

FILING INSTRUCTIONS: Find the membership type you desire to purchase. Find the column that contains the date of your filing. Check the box where those two choices meet. Pay that fee. All memberships expire on Aug 31 no matter when you apply. USTA recommends that you renew your membership by Sept 1 each year to receive the lowest price and ensure you receive all USTA mailings.	Filing Date between 7/15/10 to 11/01/10	Filing Date between 11/02/10 to 12/01/10	Filing Date between 12/02/10 to 7/14/11	
FIRST YEAR INDIVIDUAL <ul style="list-style-type: none"> • Proof of membership letter • National Entry Flyer, Spring/Summer issue of Catch It! 	You may ONLY apply for this membership type ONCE!	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00
FULL <ul style="list-style-type: none"> • Same benefits as First Year Individual • Uniform insignia (new members) and Catch-It! subscription 		<input type="checkbox"/> \$ 33.00	<input type="checkbox"/> \$ 43.00	<input type="checkbox"/> \$ 53.00
FAMILY MEMBER (First family member must hold a current Full, Elite or some form of Professional membership) <ul style="list-style-type: none"> • Same insurance coverage as Full member • Membership letter 	Each Member Must Fill Out Their Own Form	<input type="checkbox"/> \$ 18.00	<input type="checkbox"/> \$ 23.00	<input type="checkbox"/> \$ 28.00
ELITE (Required for all participants in the Trials, Pre-Trials and International Cup Programs) <ul style="list-style-type: none"> • Same benefits as Full • Password Protected access to the Elite Section of the U.S. Twirling website for rule clarifications, updates, Trials & Pre-Trials handbooks and entries 		<input type="checkbox"/> \$ 53.00	<input type="checkbox"/> \$ 63.00	<input type="checkbox"/> \$ 73.00
PROFESSIONAL ELITE <ul style="list-style-type: none"> • Same benefits as Elite and Professional • Must be a Level I Certified Coach and/or Judge <p>This membership level is REQUIRED for Pre-Trials, Trials and International Cup Coaches and Judges; Minimum age applies as listed below under Professional</p>		<input type="checkbox"/> \$ 95.00	<input type="checkbox"/> \$ 105.00	<input type="checkbox"/> \$ 115.00
PROFESSIONAL-Registered or Certified-check appropriate box <ul style="list-style-type: none"> • Same benefits as Full • Coach's patch— new certified members • Certificate (for first time certified members only) • Access to professional's area of the website • \$2 million liability insurance coverage (certified members only) <p>Minimum Age: 16 Minimum Age to vote: 18</p>	<input type="checkbox"/> Registered Coach No insurance coverage	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 85.00	<input type="checkbox"/> \$ 95.00
	<input type="checkbox"/> Certified Coach or Judge Insurance coverage provided	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 85.00	<input type="checkbox"/> \$ 95.00
Alumni Association This member type includes proof of membership letter, e-newsletter (if e-mail address is provided) and the Winners issue of Catch It! This member type does NOT include the privilege of entering competitions, insurance coverage or Professional voting privileges.	This member type is for retired coaches & judges, former athletes and their parents/other relatives or anyone interested in supporting twirling.	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00
TEAM (Only one unchanging team and/or 15 or fewer athletes) <ul style="list-style-type: none"> • Catch-It! subscription mailed to address above • Member letter for the team • Accident insurance on each athlete listed on roster 	Group Fee +	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 70.00
	# of Athletes _____ X	<input type="checkbox"/> \$ 3.00	<input type="checkbox"/> \$ 3.00	<input type="checkbox"/> \$ 4.00
ORGANIZATIONAL (More than one team and/or 16 or more athletes) <ul style="list-style-type: none"> • Catch-It! subscription mailed to address above • Member letter for the organization • Accident insurance on each athlete listed on roster 	Group Fee +	<input type="checkbox"/> \$ 160.00	<input type="checkbox"/> \$ 160.00	<input type="checkbox"/> \$ 170.00
	# of Athletes _____ X	<input type="checkbox"/> \$ 3.00	<input type="checkbox"/> \$ 3.00	<input type="checkbox"/> \$ 4.00

WAIVER/INDEMNITY OF LIABILITY: I agree to assume the risk of any injury that may happen to me (or my child) as a result of participation in a USTA sanctioned event. I further agree to indemnify and hold the United States Twirling Association, its agents or employees harmless from any loss they may sustain as a result of injury to me (or my child) as a result of my participation in USTA events. I have read the "Parents/Legal Guardians Responsibilities" in the current edition of the USTA Information, Procedures and Rules Book. As a condition for the USTA's acceptance of my child's (or my) entry in a USTA event, I agree to abide by and perform each of the duties that are set forth in that statement.

Signed	Date
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Send to: USTA Member Services ♦ 18511 State Route 501 ♦ Wapakoneta, OH 45895 ♦ Phone (321)206-3242