



United States Twirling Association Individual Membership Application – 2018-2019 Season

(For Organization Memberships, please use the Organization Membership Form)

Apply online at www.ustwirling.com

All memberships include accident insurance and \$10,000 of medical / dental coverage. All memberships expire Sept. 1. Apply or renew by Sept. 1 to ensure you receive all USTA mailings.

Member Name				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name (If athlete is under 18)				Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			Athlete's Primary Coach		
City	State	Zip	Birth date	USTA ID	
Member Email		Parent/Guardian Email			
Phone	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Card No	Expiration	Code	
Type: MC VISA Am. Ex. Discover	Name on Card		Signature		
Billing Address		City	State	Zip	
INSTRUCTIONS: Find the membership type you wish to purchase. Pay that fee. All memberships expire on Sept. 1 no matter when you apply. Apply or renew your membership by Sept. 1 each year to ensure you receive all USTA mailings.					
ATHLETE					<input type="checkbox"/> \$35.00
<input type="checkbox"/> Proof of membership with Member ID # <input type="checkbox"/> Ability to enter USTA competitions without paying Member for a Day Fees <input type="checkbox"/> \$10,000 in medical and dental insurance coverage <input type="checkbox"/> USTA News & Views, a monthly eNewsletter; Catch It!, a quarterly eZine; and Catch It! Winners Issue <input type="checkbox"/> Access to information and resources in the "Members Only" section of the USTA website					
FAMILY MEMBER					<input type="checkbox"/> \$25.00
At least one person in the household must hold a current Athlete or Professional Membership. Each member must fill out a separate form. <input type="checkbox"/> Proof of membership with Member ID # <input type="checkbox"/> Ability to enter USTA competitions without paying Member for a Day Fees <input type="checkbox"/> \$10,000 in medical and dental insurance coverage					
PROFESSIONAL					<input type="checkbox"/> \$90.00
<input type="checkbox"/> Proof of membership with Membership ID # <input type="checkbox"/> \$2 million in liability insurance <input type="checkbox"/> Ability to request Certificates of Insurance for Professionals who have passed a Coaches or Judges Certification <input type="checkbox"/> Inclusion in USTA Professional Listing (optional) <input type="checkbox"/> USTA News & Views, a monthly eNewsletter; Catch It!, a quarterly eZine; and Catch It! Winners Issue <input type="checkbox"/> Access to information and resources in the "Members Only" section of the USTA website <input type="checkbox"/> Voting privileges for Professional members who are 18 or older					
ALUMNI					<input type="checkbox"/> \$20.00
This membership type is for former athletes and their parents/other relatives, retired coaches, judges and anyone interested in supporting the sport of baton twirling. <input type="checkbox"/> USTA News & Views, a monthly eNewsletter; Catch It!, a quarterly eZine; and Catch It! Winners Issue					
Public Professional Listing - As a service to the public and our Professional Members , USTA provides a Public Professional Listing on the USTA website to make it easy for people to find baton twirling coaches or classes in their area. In order to protect our members' privacy and personal information, USTA Professional Members must OPT IN to this listing and provide the information they want listed on the Public Professional Listing. Your professional membership must be current to appear on the listing. If you would like to be included in the Public Professional Listing, please do the following: * Go to www.ustwirling.com and login to Members Only using the User ID and Password you created when you set up your Members Only account. * Click on Edit My Profile in the left hand menu. * Scroll down to "Professional Preferences" at the bottom of the page and check the box for "I want to be part of USTA's Public Professional Listing."					

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 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. 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.

Signed	Date
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Send to: USTA Member Services ♦ 4023 Bernice Road ♦ Seaford, NY 11783 ♦ Phone (321) 206-3242