



**United States Twirling Association**  
**Organization Membership Application – 2019-2020 Season**  
 (For Individual Memberships, please use the Individual Membership Form)  
**Apply online at [www.ustwirling.com](http://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.**

Director Name			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Organization Name			Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			Director USTA ID	
City	State	Zip	Organization USTA ID	
Member 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:** Please attach an organization roster to this application. See below for the information required for each athlete. Please pay \$10.00 per athlete that you are registering. 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. The director will receive the Catch It! E-Zines and Winner's Issue mailed to the address above as well as a member letter for the organization, and accident insurance on each athlete listed on the roster.

NUMBER OF ATHLETES	X \$10.00 PER ATHLETE	TOTAL AMOUNT DUE

**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 or 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](http://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."

Please attach an organization roster to this application.

For each athlete please provide the following:

Athlete's Name

Athlete's Date of Birth including Month/Day/Year

Athlete's Address

Athlete's City, State and Zip Code

Athlete's Parent/Guardian Name

Athlete or Parent/Guardian Email

Athlete or Parent/Guardian Phone

**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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