



Team Membership Application

Intercollegiate Saddle Seat Riding Association, Inc. (ISSRA)

SPRING 2008

(Please fill in, print, sign and mail to address at bottom of page)

Team's University/College: _____

Name of Team/Club if different than the university/college:

TEAM/CLUB PRESIDENT

Name: _____

Phone no: _____ Email Address: _____

Team/Club Address: _____
Street City/State/Zip Code

TEAM/CLUB COACH

Name of Instructor/Coach: _____

Stable: _____

Phone no: _____ Email Address: _____

Coaches Address: _____
Street City/State/Zip Code

TEAM/CLUB ADVISOR

Name: _____

Advisor's title at the University/College: _____

Phone no: _____ Email Address: _____

University/College Address: _____
Street City/State/Zip Code

This Team/Club is: A University/College Team An Independent Team

ISSRA Team Membership Fee for Spring 2008: \$80.00

Remit this completed form, a list of the team's members and the team membership dues to the address below by February 27, 2008:

Intercollegiate Saddle Seat Riding Association, Inc.
P.O. Box 748
Versailles, Kentucky 40383

List the names of the members of the University/College's Team on the attached page.

