



HUB CLUB

Membership Application

Name _____

Additional Family Member (if applicable) _____

Additional Family Member (if applicable) _____

Additional Family Member (if applicable) _____

Additional Family Member (if applicable) _____

Street Address _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

Other Club Memberships: ADS CAA USEF USDF
 IDCTA FVSA OTHER _____

Membership Options– all memberships are for 12 calendar month period. Please check.

- **INDIVIDUAL MEMBERSHIP:** (\$25.00) 18yrs or older, 1 vote per membership. Membership includes quarterly emailed newsletter and email blasts as well as discounted rates for clinics, shows and other events.
- **FAMILY MEMBERSHIP:** (\$35.00) Couple and any underage children (<18), immediate family, 2 votes per membership. Membership includes quarterly emailed newsletter and email blasts as well as discounted rates for clinics, shows and other events.
- **JUNIOR MEMBERSHIP:** (\$10.00) Child under 18yrs of age, no voting privileges. (Must have an adult member as sponsor). Membership includes quarterly emailed newsletter and email blasts as well as discounted rates for clinics, shows and other events.

By signing below, I accept the benefits, obligations and responsibilities of membership and agree to abide by the HUB Club bylaws. Bylaws and online registration for Individual and Family Memberships can be found on our website at www.hubclubdriving.com.

Signature(s) _____ Date _____
 Signature(s) _____ Date _____
 Signature(s) _____ Date _____

(Parent or Guardian must sign if under 18 years of age)

Send check payable to HUB Club with completed form to:

Tammy Carlo
4761 Bordeaux Drive
Lake in the Hills, IL 60156