



**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](http://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:**

Sue West  
711 Myrtle Way #215  
Janesville, WI 53545