



Membership Application

Name: _____

Additional Family Member (if applicable): _____

Additional Family Member (if applicable): _____

Additional Family Member (if applicable): _____

Additional Family Member (if applicable): _____

Street: _____ City: _____ State: _____

Phone: _____ Email: _____

Other Club Memberships (circle all that apply): ADS CAA USEF USDF IDCTA FVSA

Others _____

Membership Options: Memberships are for a calendar year (Jan. 1-Dec. 31). All memberships include emailed newsletters and email blasts, as well as occasional discounted rates for clinics, shows or other events. Please choose:

- INDIVIDUAL MEMBERSHIP: (\$25.00) 18yrs or older, 1 vote per membership.
- FAMILY MEMBERSHIP: (\$35.00) Couple and any underage children (<18), immediate family, 2 votes per membership.
- JUNIOR MEMBERSHIP: (\$10.00) Child under 18 yrs of age, no voting privileges. (Must have an adult member as sponsor).

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:

Emily Berendt, 10214 Fairway Ln., Woodstock, IL 60098