

ANRC College Membership Application Form
USEF and USHJA Affiliate
www.ANRC.org

Membership Application Year _____

Please enroll _____ (*Official Title of Institution*) as a member of the ANRC

Enclosed please find a check in the amount of \$150 for annual dues for the Institution, the Team Coach, and the Athletic Director or other designated representative.

The undersigned hereby affirm that the Institution has designated _____ to act for and on behalf of the Institution in all matters arising out of its membership in the ANRC. The Institution has also designated _____ as the Team Coach/Advisor.

If accepted as a member, the institution agrees that membership in the ANRC constitutes an agreement and affirmation that each of its riders, coaches, and representative shall accept and abide by the rules of the ANRC and its Member Shows and that they will accept as final any rulings of the ANRC with respect to their conduct.

Signature of Athletic Director or other Designated Representative

Athletic Director or Designated Representative:

Name: _____

Address: _____

Email _____

Phone _____ Fax _____

Team Coach:

Name: _____

Address: _____

Email _____

Phone _____ Fax _____

Please send checks payable to the ANRC from your institution (personal checks not accepted)
Mail check with application to: Marion Lee, ANRC Executive Secretary, 705 Longfellow Dr., NE,
Leesburg VA 20176