



Club and Event Organizer Application

USA CYCLING, INC.

210 USA Cycling Point, Suite 100, Colorado Springs, CO 80919-2215
Phone: 719/434-4200 Fax: 719/434-4300 <http://www.usacycling.org>

NEW MEMBERSHIP RENEWING MEMBERSHIP

MEMBER NO. _____

Please print in block letters (30 characters maximum)

CLUB, TEAM, or ORGANIZER		
CONTACT		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	
E-MAIL ADDRESS		WEB ADDRESS

APPLICATION NOTES

1. Event Organizers and Clubs are authorized to permit events in all USAC associations.
2. Sponsored USAC clubs must hold at least one permitted USAC event per year.
3. Mail completed application to:
USA Cycling, Inc.
Attention: Club Application
210 USA Cycling Point, Suite 100
Colorado Springs, CO 80919-2215
Or fax to: 719-434-4300

TEAM DESIGNATION - SPONSORED USAC CLUBS ONLY		
W = Women Only Team	JR = Juniors Only Team	M = Masters Only Team
(circle if applicable)		

If applying for USAC sponsored club membership, did this club host a USAC-permitted race last year? Yes No Permit # _____

CLUB OFFICERS (CLUBS ONLY)

PRESIDENT _____ USAC License #: _____ E-mail: _____

MAILING ADDRESS: _____ PHONE: _____

VICE PRESIDENT _____ USAC License #: _____ E-mail: _____

MAILING ADDRESS: _____ PHONE: _____

• ANNUAL FEE •

All memberships expire on December 31 of the year issued.

(Check one)

- CLUB/TEAM/ORGANIZER = \$150.00
OR
 COLLEGIATE = \$50.00
OR
 HIGH SCHOOL = \$50.00

Check Money Order VISA MASTERCARD

Card Number _____

Expiration date ____/____/____

TOTAL FEE ENCLOSED: \$ _____

Cardholder Name _____

COLLEGIATE SCHOOL _____

Cardholder Address _____

HIGH SCHOOL _____

Signature _____

We hereby make application for membership in USA Cycling, Inc. and agree to abide by the rules and regulations of USA Cycling and its association(s).

APPLICANT SIGNATURE _____ DATE _____

USAC AUTHORIZED SIGNATURE _____ DATE RECEIVED _____

NO REFUNDS NO EXCEPTIONS



COLLEGIATE CLUB TEAM ELIGIBILITY FORM USA CYCLING, INC.

210 USA CYCLING POINT, SUITE 100, COLORADO SPRINGS, CO 80919-2215 Phone: 719-434-4200 Fax: 719 434-4300

e-mail: membership@usacycling.org

The **Athletic or Sports Club Director**, **Student Association** or **Athletic Advisor** must complete the following information and return this form and the USA Cycling Club Application to USA Cycling prior to competition.

In duly permitted USA Cycling collegiate bicycle racing events, this club is authorized to represent

SCHOOL NAME

Please print in block letters.

SCHOOL REPRESENTATIVE

TITLE

E-MAIL ADDRESS

PHONE

SIGNATURE

DATE

Division: _____

1: Full Time Enrollment \geq 15,000*

2: Full Time Enrollment < 15,000

*D2 schools have the option of moving up to D1 with the approval of the Collegiate Board of Trustees and Collegiate Program Manager. Please contact collegiate@usacycling.org with questions.

Conference: _____

Atlantic: MD, WV, VA, NC

Eastern: ME, NH, VT, MA, CT, RI, NY, NJ, PA, DE

Inter-Mountain: UT, East NV, Southeast ID

Midwest: WI, MI, IL, IN, OH, KY, MO

North Central: ND, SD, MN, IA, KS, NE

Northwest: MT, ID, OR, WA

Rocky Mountain: CO, WY

South Central: AR, LA, OK, TX

Southeast: SC, GA, AL, MS, FL, TN

Southwest: AZ, NM

Western: CA, West NV

Funding: _____

V: Varsity*

NV: Non-Varsity*

C: Club*

O: Other

If Other, please specify:

Scholarships Offered?

_____ Yes _____ No

* Varsity = Fully funded by the athletic department; offered as a varsity sport

* Non-Varsity = Mostly funded by the school or its athletic department; not considered a varsity sport

* Club = Minimally funded by the school; mostly student-run

PLEASE ATTACH AND SUBMIT THIS FORM TO USA CYCLING WITH YOUR USA CYCLING CLUB APPLICATION