



## 2009 MTB DOMESTIC PRO TEAM MEMBERSHIP APPLICATION

**IMPORTANT:** This application and annual dues must be submitted to USA Cycling prior to being ranked in the Pro MTB Tour (Pro XCT or Pro GRT). All riders must be categorized as Pro in order to be on a registered Pro MTB Team.

PLEASE PRINT IN BLOCK LETTERS

1. TEAM INFORMATION		
Team Name		
Primary Contact		
Address		
City	State	Zip Code
E-Mail:		Cell (      )
Team Website:		Fax (      )
Team Type: <input type="radio"/> Mixed <input type="radio"/> Female <input type="radio"/> Male		UCI Trade Team: <input type="radio"/> YES <input type="radio"/> NO
Primary Disciplines: <input type="radio"/> XCO <input type="radio"/> Gravity <input type="radio"/> Ultra-Endurance		# of Years as Team:

2. TEAM ROSTER		
Team Director:	Team Mechanic:	
Team Manager:	Team Doctor:	
Team Assistant Manager:	Massage Therapist:	
Team Mechanic:	Soigneur:	
Team Mechanic:	Other:	
<b>Please list all team riders and disciplines</b>	<b>UCI Codes</b>	<b>USAC license # (if member)</b>
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		
XC/DH/4X Rider Name:		

### 3. ANNUAL TEAM MEMBERSHIP FEE SUMMARY

Annual Team Membership Dues: **\$250**

**TOTAL FEE ENCLOSED:**

Check    Money Order    VISA    Mastercard

Credit Card #: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**MAIL:** USA Cycling, Attn: MTB Pro Team Membership

210 USA Cycling Point, Suite 100, Colorado Springs, CO 80919

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**FAX:** 719.434.4385