



Team Membership Application
Intercollegiate Saddle Seat Riding Association, Inc. (ISSRA)
Academic Year: 2019-2020
(Please print legibly or type)

Team's University/College: _____

Name of Team/Club if different than the university/college: _____

Club/Team President: _____
Name Phone No. Email address

Team/Club Address: _____
Address City State Zip Code

Team/Club Coach: _____
Name of Instructor/Coach Stable Phone no.

Coach's Address: _____
Street City/State/Zip Code Email

Name of Team/Club Advisor: _____

Advisor's Contact Information: _____
University/College Address

Additional Advisor's Contact Information: _____
Phone no. Email

Advisor's title at the University/College: _____

This Team/Club is:

- A University/College Team
 An Independent Team

ISSRA Team Membership Fee for 2019-2020: \$150/semester or \$300/year

(Remit this completed form, a list of the team's members and the team membership dues to the address below by the first horse show of the fall and spring semesters:

Intercollegiate Saddle Seat Riding Association, Inc.
c/o Deveau Zubrod
13805 Fairway Lane
Goshen, KY 40026

