

HUB Triathlon Team Membership Application



Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____

Gender: _____ Age: _____ Occupation: _____

USAT Membership Number and expiration date (must be a USAT member to join): _____

*Please mark a category that applies to you: _____ Beginner _____ Experienced
_____ Competitive

*What are your goals for this season?

*What would you like out of a triathlon club?

*What is your best time to train?

\$30 Membership Fee: Fees are annual and based on a calendar year. All memberships expire on December 31 of this year.

I _____, a HUB Triathlon Team member, agree to purchase a HUB triathlon kit. I also agree to support and encourage other team members during training and races.

Signature: _____ Date:
