

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**): _____

Which team option are you choosing: _____ Team HUB _____ HUB Race Team _____ Premium HUB athlete

*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?

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