



# 2020-2021 USA GYMNASTICS EVENT PRODUCTION APPLICATION

The Event Production Organization Membership is intended for any business that provides meet production meet services and/or registration services. These are companies that clubs hire to produce, or provide services, for gymnastics competitions.

**COMPANY INFORMATION**      Check all that apply:     Event Production     Scoring Company     Other \_\_\_\_\_

Company Name \_\_\_\_\_ Abbreviated Company Name(s) \_\_\_\_\_

Member # (if known) \_\_\_\_\_ Company Web Address \_\_\_\_\_

Company Phone \_\_\_\_\_ ext: \_\_\_\_\_ Company Email \_\_\_\_\_ Company Fax \_\_\_\_\_

Company Mailing Address *(No P.O. Box)* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEMBERSHIP AGREEMENT**

This Membership Application expressly incorporates the Terms and Conditions for Organization Membership, available at [usagym.org/orgterms](http://usagym.org/orgterms). By applying for membership, I hereby verify, on behalf of the applicant organization, that:

- I have the authority to apply for membership on behalf of the applicant organization;
- I have read, fully understand, and agree to the Terms and Conditions, including but not limited to the Waiver, Limitation of Liability and Release contained therein, and USA Gymnastics' Safe Sport Policy;
- I acknowledge and agree that I will not be granted membership until I am in complete compliance with the Terms and Conditions applicable to the organization, including but not limited to any applicable background check or Safe Sport Policy requirements for the organization or myself as the responsible individual of the organization;
- I acknowledge and agree to abide by USA Gymnastics' requirement that all full and part-time employees, independent contractors, and volunteers over the age of 18 with routine access to and/or authority over minor athletes must pass a background check and take the required Safe Sport training; and
- I understand that the membership fee submitted with this application is non-refundable.

Owner/Managing Director Name: \_\_\_\_\_ USA Gym. Member Number: \_\_\_\_\_

Owner/Managing Director Signature: \_\_\_\_\_

**PAYMENT INFORMATION**

**\$300** Application Fee

**Total Amount:** \_\_\_\_\_  
*(Add \$25 for Rush Order)*

**Please make checks payable to USA Gymnastics, or please complete the following credit card information.**

Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Billing Address *(if different from above)* \_\_\_\_\_

Signature \_\_\_\_\_ Print Cardholder Name \_\_\_\_\_

Email Address *(for credit card receipt)* \_\_\_\_\_ Phone \_\_\_\_\_

*Return completed form and payment to: USA Gymnastics, 130 E. Washington St. Ste. 700, Indianapolis, IN 46204 or fax: 317.692.5212. Attention: Member Services*

Normal processing time 3-4 weeks. **Rush Processing (5-7 business days) additional \$25.**  
\* No refunds or transfers.

**Office Use Only**

Number \_\_\_\_\_

Rec'd Date \_\_\_\_\_

Payment Amt \_\_\_\_\_

Check No. \_\_\_\_\_

Email sent date \_\_\_\_\_

Approval \_\_\_\_\_

By \_\_\_\_\_ Other \_\_\_\_\_

Questions? Contact Member Services at 800.345.4719 or [membership@usagym.org](mailto:membership@usagym.org).