



2016 MEMBERSHIP APPLICATION

Full Name: _____

Nick Name: _____

Birth Date: _____

Address: _____

Phone: Work: _____

Home: _____

Cell: _____

E-mail: _____ @ _____

USAT #: _____

Membership in USAT is not required to be a Triple Threat member.
For information about USAT go to www.USATriathlon.org

I'm new to multi-sport

Annual dues are \$30 per calendar year. There is no pro-ration of dues. Those joining after August 31 will be members through the following calendar year.

Make checks payable to **Triple Threat Inc.** Mail this form with payment to:

Andrea Groote
2736 Cook Street
Niles, MI 49120

VISIT US ON THE WEB AT www.TriTripleThreat.com

For Office Use Only:

Paid-Cash _____ **Check#** _____ **Other** _____