

Date Received: _____

\$ _____

Insurance : _____

2018-2019 IEL SCHOOL MEMBERSHIP FORM

This form can be filled out electronically BUT must then be printed and signed. Forms will NOT be processed unless completely filled out, including all signatures, and payment received. Payments may be made by check or credit card via the IEL website.

Please submit the completed form with the membership fee of **\$150 AND either** a proper insurance certificate (see below) **OR** an additional \$200 to be covered under the IEL policy.

Rider memberships will not be processed until the school membership is complete, including proof of insurance or payment for IEL insurance.

You have two ways to get it back to us:

Scan the printed and signed form and email it WITH electronic payment verification to showsecretary@theiel.org OR Mailed with payment to: IEL, Attention: Show Secretary, 11333 Moorpark St. #204, Studio City, CA 91602

FORMS POSTMARKED OR DATE STAMPED AFTER **OCTOBER 1, 2018 WILL BE CHARGED A \$25 LATE FEE.**

School: _____

Address: _____

City/State: _____ Zip Code: _____

School Phone Number: _____

School Official: _____ Title: _____

School Official Email: _____

School Official Signature: _____ **Date:** _____

SCHOOL INSURANCE INFORMATION

All schools MUST have liability insurance that meet the current IEL year's limits and would cover a claim arising out of a student's participation at a show, or the conduct of its team; the school must submit a certificate of insurance naming IEL as additionally insured as a condition of membership. If you do not have insurance coverage, please enclose an additional **\$200** in order to receive coverage under the IEL insurance policy for the season.

Purchasing IEL Insurance

Providing own insurance, certificate attached

NO school will have its membership forms processed without first meeting all the IEL insurance requirements

TEAM REPRESENTATIVE INFORMATION

Person who will be responsible for all communication between riders and IEL.

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone (home): _____ (mobile): _____

E-mail Address: _____

Team Representative Signature: _____ **Date:** _____