

# AAU **ATHLETE** INDIVIDUAL MEMBERSHIP APPLICATION



Use Legal Name

AAU Membership Year is September 1 to August 31. A membership card will be forwarded to you.

First		Middle		Last	
Street Address		City	County		State Zip
Application Date		Work Phone/Ext.		Home Phone	
E-Mail Address				Fax Number	
Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Number	
Do you have Health and Accident Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Club Code (if Known)	Club Name (if Known)			Sport Code (see list below)
<p>By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at <a href="http://www.aausports.org">www.aausports.org</a>. NOTE: Parent/Guardian signature if member is under 18 years old.</p>					
Member's Signature			Parent/Guardian Signature		
Date			Date		