AAU ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



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

Use Legal Name								
First		Middle				Last		
Street Address			City		County	l.	State	Zip
Application Date		Work Pho	ne/Ext		1	Home Phone	I	
/ ipplication bate		***************************************	110/ EXC			Tiomo i nono		
E-Mail Address						Fax Number		
Birth Date		Gender	_	_		Cell		
			☐ Male	☐ Fema	ale	Number		
Do you have Health and	Club Code (if Known)		Club Name (if Known)				1	Sport Code (see list below)
Accident Insurance?			,					
YES NO								
	orizing payment of my annua	Imembers	shin dues I certif	v that: 1) I ha	ve never he	en convicted o	f any sey o	offense nor felony: or
	for membership (and receive							
	but not limited to my (street)							
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	e available for review on the	AAU Web	site at <u>www.aaus</u>	sports.org . I	NOTE: Pare	ııv Guardian siç	jiiature it m	iember is under 18
years old.			T	D				
Member's				Parent/Gua	rdian			
Signature				Signature				
Date				Date				
YOUTH PROGRAM (All Sports) Regular Membership □ \$12.00 or Added Benefit Membership* □ \$14.00								
V								
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Make check payable to AAU. Mail application and fees to: AAU Headquarters, P.O. Box 22409, Lake Buena Vista, FL 32830 Revised 05/15/07

















