



USATF Membership Application

☐ New Member ☐ Renewal (from previous year – USATF Number _____)

Please print or type information

Last Name	First Name	Initial

Address		

City	State	Zip Code

Sex M/F ☐ Age Today Date of Birth - - (MM-DD-YYYY – i.e.: 02-19-1958)

USA Citizen ☐ Yes ☐ No If no, country of Citizenship

Phone Number - -

Club No. Club Name

Email

(Your membership # will be emailed to you. Your email address will not be shared with anyone.)

Please check all appropriate sports codes here:

☐ Track ☐ Field ☐ Road Running/LDR ☐ Cross Country ☐ Ultra-Marathon ☐ Mountain/Trail ☐ Race Walking

Membership Category Codes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please use the codes below – you may indicate one or more categories.

AT: Athlete

PA: Parent

DA: Disabled Athlete

OF: Official -uncertified

CH: Coach-uncertified

OA: Official – Association

CD: Developmental certified

ON: Official - National

C1: Coach - Level 1 certified

OM: Official - Master

C2: Coach - Level 2 certified

AD: Administrator

C3: Coach - Level 3 certified

By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaws, Operating Regulations, and Competition Rules for my level(s) and category(ies) of membership.

Signature (If an athlete is under age 18, parent or guardian must sign)

Date of Application

- - (MM-DD-YYYY)

Important information: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well.

Youth members: New or lapsed memberships must submit a copy of birth certificate or other ID.

☐ Check here if you do not wish your address used as part of a direct mail list.

Membership Fees & Registration Options

OPTION 1



JOIN ONLINE AT

www.usatf.org/membership

You will receive your new Membership # – Instantly!!

Have your previous membership # and password ready as they will be needed for the renewal process

MAIL TO YOUR LOCAL ASSOCIATION

Mail the completed application and appropriate membership fees to your local Association.

Mailing addresses can be found at www.usatf.org/associations



OPTION 2

Adult Membership (19 yrs & over) \$ _____
 \$ 29.95 (1-year) \$ 79.95 (3-years)
 \$ 54.95 (2-years) \$ 99.95 (4-years)

Youth Membership (18 yrs & under)
 \$ 19.95 x _____ = \$ _____
 # of membership years

CONTRIBUTIONS (TAX DEDUCTIBLE) \$ _____

Please direct my contribution to ☐ LDR ☐ Youth

☐ Masters T & F ☐ RW ☐ Association Programs

☐ Unrestricted

TOTAL \$ _____

Please make checks payable to USATF.