AAU NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



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

			<u> </u>							
First Name		Middle Name			Last Name					
Street Addre	ess		City				State	Zip		
Oit f Dist			f Diale	l	1011 (811					
City of Birth County of Birth					Sirth State of Birth					
Application Date Work I				rk Phone / Ext Hon			Home Phone			
7 Police and 1 Page 1					The state of the s					
E-Mail Address				Fax			Fax Number	Fax Number		
Birth Date Gender							Cell			
				☐ Male ☐ Female			Number			
	<u>'</u>	,				1 Citiale				
	e Health & Accident	Club Code (if known)		Club Name (if know	wn)			Sport	Code (see list below)	
Insurance? ☐ Yes	□No									
LI Tes	ыно									
Check Primary Program ☐ Youth Program						☐ Adult Program				
If you work with ages 1										
PROVIDE EITHER ADDRESS HISTORY FOR PAST 7 YEARS OR YOUR SOCIAL SECURITY NUMBER. SS #										
STREET ADDRESS				CITY			STATE ZIP			
By paying or authorizing payment of my appual membership dues. Leastify that: 4) I have payer been convicted of any any effects are followed.										
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 www.aausports.org . NOTE: Parent/Guardian signature if member is under 18										
years old.										
Member	's				Parent	/Guardian				
						Signature				
- Grander - Gran										
Date						Data				
Date Date										
YOUTH PROGRAM (If you work with ages 1 to 20) Regular Membership Added Benefit Membership *										
							or L	\$16.0	<i>1</i> 0	
NON-ATHLETE – ALL SPORTS- Example: Administrator, Bench Personnel,										
Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.										
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*Added Benefit Membership includes additional insurance coverage in certain programs, as defined by AAU.										
ADILLT	DDOCDAM /I	vou work with an	oc 24 to	. 00\	Pogula	r Mambarahin	Added Be	nofit Mar	mborobin *	
ADULT PROGRAM (If you work with ages 21 to 99) Regular Membership Added Benefit Membership *										
						\$14.00	or	\$16.0)0	
NON-ATHLETE - ALL SPORTS - Example: Administrator, Bench Personnel,										
Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.										
osaon, menuoto, manager, ometa, ream Leader, roumament birector, volunteer, other.										
	PLEASE SELECT YOUR PRIMARY SPORT YOUTH AND ADULT SPORT CODES									
CODE	SPORT	CODE S	PORT		CODE	SPORT	CO	DE SPO	ORT	
AE	Aerobics		Dance		JU	Judo	SB	Soft		
AT	Athletics		Diving (You		JT	Jujitsu	SU	Surf		
BL	Baseball		Baseball/W		JR	Jump Rope	SW		mming	
BA BW	Basketball/Boys Basketball/Girls		Baseball/Gi		KA LC	Karate Lacrosse	TB TW		le Tennis kwondo	
MB	Basketball/Men		ield Hocke ishing	7 y	PC	Physically Challen			kwonao npoline & Tumbling	
WB	Basketball/Women		lag Footba	all	PF	Physical Fitness	TE	Teni		
BT	Baton Twirling		olf		PL	Powerlifting	VB		eyball	
CH	Cheerleading	GY (3ymnastics		RU	Rugby	WL	Weig	ghtlifting	
CM	Chinese Martial Arts		nline Hock		SC	Soccer	WR		stling	

Make check payable to AAU. Mail application and fees to: AAU Headquarters, P.O. Box 22409, Lake Buena Vista, FL 32830.

















