



AAU NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION

Membership cards are emailed only or may be printed after processing at www.aausports.org

Use Legal Name

AAU Membership Year is September 1 to August 31.

First		Middle		Last	
Street Address			City		State Zip
City of Birth		County of Birth		State of Birth	
Application Date		Work Phone / Ext		Home Phone	
E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org				Fax Number	
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Number	
Do you have Health & Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Code (if known)	Club Name (if known)		Sport	
Check Primary Program		<input type="checkbox"/> Youth Program If you work with ages 1 to 20		<input type="checkbox"/> Adult Program If you work with ages 21 to 99	
HAVE YOU EVER BEEN CONVICTED OF A FELONY		(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE		(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROVIDE EITHER ADDRESS HISTORY FOR PAST 7 YEARS <u>OR</u> YOUR SOCIAL SECURITY NUMBER. SS # _____					
STREET ADDRESS		CITY		STATE ZIP	
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 Signature			Parent/Guardian Signature		
Date			Date		
YOUTH PROGRAM (If you work with ages 1 to 20)					
NON-ATHLETE – ALL SPORTS- Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.					

*Added Benefit Membership includes additional insurance coverage in certain programs, as defined by AAU.

Make check payable to AAU.

Mail application and fees to:

Adirondack AAU
Daniel Bologna
568 Columbia Turnpike
East Greenbush, NY, 12061

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Revised 8/06/10

