



AAU INTERNATIONAL NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



Membership cards are emailed only or may be printed after processing at www.aausports.org
AAU Membership Year is September 1 to August 31.

You must provide your full Legal Name

| | | | |
|---|----------------------|--|--------------------------------------|
| *First | *Middle | *Last | |
| *Street Address | | *City | *Providence/ State *Postal Code |
| *Country | *Primary Phone | *Birth Date (MM/DD/YYYY) | |
| *E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org | | *Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Club Code (if known) | Club Name (if known) | *Sport | |

YOUTH PROGRAM (If you work with ages 1 to 20) ☐ \$37.00
NON-ATHLETE – ALL SPORTS- Example: *Administrator, Bench Personnel,
Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.*

ADULT PROGRAM (If you work with ages 1 to 20) ☐ \$37.00
NON-ATHLETE – ALL SPORTS- Example: *Administrator, Bench Personnel,
Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.*

***YOU MUST PROVIDE YOUR PASSPORT OR VISA NUMBER. #** _____

***COUNTRY ISSUING PASSPORT OR VISA:** _____

OATH/AFFIRMATION

I, the undersigned, do hereby swear or affirm that I have never been convicted of, nor entered a plea of guilty or no contest, to a felony of any type or nature, nor any criminal offense that carries a possibility of incarceration in jail, prison, or similar facility of more than one (1) year, nor any sexual offense of any type or nature.

I further swear of affirm that if this affirmation changes between my execution of same and the time of the event(s) in which I may participate in any form or fashion, that I will notify the Amateur Athletic Union of the United States, Inc. ("AAU") by fax to (407) 828-0166 and by overnight mail to: 1910 Hotel Plaza Blvd. (by Fed Ex and/or UPS only), Lake Buena Vista, FL 32830.

I represent and warrant that I am above the age of 18 and that I am capable of and competent to sign/execute this Oath/Affirmation.

I concede that if this information is incorrect and I participate in any AAU event(s) that such participation is/would be fraudulent.

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.

Print Name

Signature

Date

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

or *Fax to: 407-934-7242
Attn: Support Services

or *scan and email to:
Membership@aausports.org

Payment must accompany form:

Credit Card Number _____ Expiration Date ____/____/____ CID Code _____