

# AAU NON 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                      |  | State Zip |
| City of Birth  |                      | County of Birth   |                           | State of Birth   |           |
| Application Date   |                      | Work Phone / Ext  |                           | Home Phone   |           |
| E-Mail Address   |                      |   |                           | Fax Number   |           |
| Birth Date / /   |                      | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                           | Cell Number  |           |
| Do you have Health & Accident Insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Club Code (if known) | Club Name (if known)  |                           | Sport Code (see list below)  |           |
| Check Primary Program  |                      | <input type="checkbox"/> Youth Program<br>If you work with ages 1 to 20 |                           | <input type="checkbox"/> Adult Program<br>If you work with ages 21 to 99 |           |
| 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 <a href="http://www.aausports.org">www.aausports.org</a> . 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)** Regular Membership Added Benefit Membership \*

\$14.00 or  \$16.00

**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.

**ADULT PROGRAM (If you work with ages 21 to 99)** Regular Membership Added Benefit Membership \*

\$14.00 or  \$16.00

**NON-ATHLETE – ALL SPORTS – Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.**

### PLEASE SELECT YOUR PRIMARY SPORT

### YOUTH AND ADULT SPORT CODES

| CODE | SPORT                | CODE | SPORT          | CODE | SPORT                 | CODE | SPORT                 |
|------|----------------------|------|----------------|------|-----------------------|------|-----------------------|
| AE   | Aerobics             | DA   | Dance          | JU   | Judo                  | SB   | Softball              |
| AT   | Athletics            | DI   | Diving         | JT   | Jujitsu               | SU   | Surfing               |
| BL   | Baseball             | FB   | Baseball/Women | JR   | Jump Rope             | SW   | Swimming              |
| BA   | Basketball/Boys      | GB   | Baseball/Girls | KA   | Karate                | TB   | Table Tennis          |
| BW   | Basketball/Girls     | FH   | Field Hockey   | LC   | Lacrosse              | TW   | Taekwondo             |
| MB   | Basketball/Men       | FI   | Fishing        | PC   | Physically Challenged | TT   | Trampoline & Tumbling |
| WB   | Basketball/Women     | FF   | Flag Football  | PF   | Physical Fitness      | TE   | Tennis                |
| BT   | Baton Twirling       | GO   | Golf           | PL   | Powerlifting          | VB   | Volleyball            |
| CH   | Cheerleading         | GY   | Gymnastics     | RU   | Rugby                 | WL   | Weightlifting         |
| CM   | Chinese Martial Arts | HO   | Inline Hockey  | SC   | Soccer                | WP   | Water Polo            |
|      |                      |      |                |      |                       | WR   | Wrestling             |

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

Revised 10/23/07

