



## AAU **NON ATHLETE** TACKLE FOOTBALL INDIVIDUAL MEMBERSHIP APPLICATION

First Name		Middle Name		Last Name	
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 <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 Code (see list below) <b>FT</b>	
Check Primary Program		<input type="checkbox"/> Youth Program			
<b>PROVIDE EITHER ADDRESS HISTORY FOR PAST 7 YEARS <u>OR</u> YOUR SOCIAL SECURITY NUMBER. SS # _____</b>					
<b>STREET ADDRESS</b>		<b>CITY</b>		<b>STATE    ZIP</b>	
<p><b>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.</b></p>					
Member's Signature			Parent/Guardian Signature		
Date			Date		

<b>YOUTH PROGRAM</b>	<b>Added Benefit Membership *</b>	<input type="checkbox"/> <b>\$16.00</b>
<b>NON-ATHLETE – ALL SPORTS- Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.</b>		

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

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

