

AAU ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



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

First Street Address Application Date		Middle						
		Middle			Last			
Application Date	Street Address		City		County		Zip	
	Application Date		l ne/Ext	Ļ	Home Phone			
E-Mail Address					Fax Number			
Birth Date		Gender Male Female			Cell Number			
Do you have Health and Accident Insurance?	Insurance? WW4564 RANDALLS			STOWN T	RACK CLU	В	Sport Code (see list below). $oldsymbol{AT}$	
if so, I must apply for memb aspect, including but not lin Policies, which are available years old. Member's Signature	nited to my (street) a	address a	nd birth date. The Applicar	nt agrees to b . NOTE: Par uardian	e bound by the	AAU Code,	including all AAU	
Signature Date			Signature	9				

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	II	Trampoline & Tumbling
WB	Basketball/Women	FF	Flag Football	PF	Physical Fitness	TE	Tennis
BT	Saton Twirling	GO	Golf	PL	Powerlifting	VB	Volleyball
CH	Cheerleading	GY	Gymnastics	RU	Rugby	WL	Weightlifting
CM	Chinese Martial Arts	но	Inline Hockey	SC	Soccer	WR	Wrestling

Make check payable to AAU. Mail application and fees to: AAU Headquarters, P.O. Box 22409, Lake Buena Vista, FL 32830 Revised 06/16/06

















