

# AAU Wrestling Utah Coach's/Non-Athlete Individual Membership Application



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

## 1. Applicant Information (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 Phone Number       |     |
| Do you have Health & Accident Insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Club Code (if known)                                                    | Sport Code<br><b>WR</b> |     |

|                                 |                                                                         |                                                                          |
|---------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>2. Check Primary Program</b> | <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 |
|---------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|

## 3. Background Information

|                                                        |      |       |     |
|--------------------------------------------------------|------|-------|-----|
| Provide Social Security Number # _____ - _____ - _____ |      |       |     |
| 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 or 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](http://www.aausports.org). **NOTE: Parent/Guardian signature if member is under 18 years old.**

## 4. Signature

Applicant's Signature

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_      \_\_\_\_\_ Date \_\_\_\_\_

## 5. Membership Fee

|                                                                                                                                                        |                                                        |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|
| <b>Youth Program</b> (If you work with ages 1 to 20)                                                                                                   | Regular Membership<br><input type="checkbox"/> \$18.00 | <b>Added Benefit Membership*</b><br><input type="checkbox"/> \$20.00 |
| <b>Adult Program</b> (If you work with ages 21 to 99)                                                                                                  | Regular Membership<br><input type="checkbox"/> \$18.00 | <b>Added Benefit Membership*</b><br><input type="checkbox"/> \$20.00 |
| Coach/Non-Athlete — Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other. |                                                        |                                                                      |
| * Added Benefit Membership includes additional insurance coverage, such as events not sanctioned by AAU.                                               |                                                        |                                                                      |

Make Check payable to AAU Wrestling Utah. Mail Application and Fees to AAU Wrestling Utah, P.O. Box 1418, West Jordan, UT 84084.