

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number	
Do you have Health & Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Code (if known)	Sport Code WR	

2. Check Primary Program	<input type="checkbox"/> Youth Program <small>If you work with ages 1 to 20</small>	<input type="checkbox"/> Adult Program <small>If you work with ages 21 to 99</small>
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3. Background Information

Provide EITHER Address History for past seven years OR your 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. **NOTE: Parent/Guardian signature if member is under 18 years old.**

4. Signature

Applicant's Signature _____	Parent/Guardian Signature _____
Date _____	Date _____

5. Membership Fee

Youth Program (If you work with ages 1 to 20)	Regular Membership <input type="checkbox"/> \$16.00	Added Benefit Membership* <input type="checkbox"/> \$18.00
Adult Program (If you work with ages 21 to 99)	Regular Membership <input type="checkbox"/> \$16.00	Added Benefit Membership* <input type="checkbox"/> \$18.00
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.