



# AAU CLUB MEMBERSHIP APPLICATION

Club Membership Year is September 1 to August 31.

## LEVEL

## HOW TO SUBMIT

## BENEFITS

<b>CLUB LEVEL 1</b>	BY MAIL OR <b>ONLINE</b>	Eligible to participate in events Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance.
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<b>CLUB LEVEL 2</b>	BY MAIL OR <b>ONLINE</b>	Eligible to participate in events. Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance. Eligible to receive sanction to host an event. Eligible to use AAU Logo & Name in AAU sanctioned events.
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<b>CLUB LEVEL 3</b>	<b>ONLINE ONLY!</b>	Eligible to participate in events. Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance. Eligible to receive a sanction to host an event. Eligible to use AAU Logo & Name in AAU sanctioned events. Eligible for tax – exempt status. Eligible to accept tax-exempt donations. Eligible to become sales tax exempt in your state.
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PROGRAM	CLUB LEVEL	GENDER	GENDER	FEE	CHECK CATEGORY
YOUTH CLUB	LEVEL 1	MALE	FEMALE	\$30.00	<input type="checkbox"/>
	<b>LEVEL 2</b>	<b>MALE</b>	<b>FEMALE</b>	<b>\$60.00</b>	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$300.00	INTERNET ONLY
ADULT CLUB	LEVEL 1	MALE	FEMALE	\$50.00	<input type="checkbox"/>
	<b>LEVEL 2</b>	<b>MALE</b>	<b>FEMALE</b>	<b>\$80.00</b>	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$320.00	INTERNET ONLY
YOUTH & ADULT CLUB	LEVEL 1	MALE	FEMALE	\$50.00	<input type="checkbox"/>
	<b>LEVEL 2</b>	<b>MALE</b>	<b>FEMALE</b>	<b>\$80.00</b>	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$320.00	INTERNET ONLY

REV 7/18/05

**Each Club must fill out a separate application. This application may be downloaded or copied as necessary.**

**CLUB MEMBER LEVEL 3 MUST REGISTER ONLINE AT [www.aausports.org](http://www.aausports.org)**

Revised 10/23/07





# AAU CLUB MEMBERSHIP APPLICATION

Club Membership Year is September 1 to August 31.

<b>CHECK THE CLUB LEVEL JOINING:</b> ✓	<b>LEVEL 1</b> <input type="checkbox"/>	<b>LEVEL 2</b> <input type="checkbox"/>	<b>FEE INCLUDED:</b> \$
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IF APPLYING FOR CLUB LEVEL 3, IT MUST BE DONE ONLINE AT [www.aausports.org](http://www.aausports.org)

<b>CHECK PROGRAM TYPE:</b> ✓	<b>YOUTH CLUB</b> <input type="checkbox"/>	<b>ADULT CLUB</b> <input type="checkbox"/>	<b>YOUTH &amp; ADULT CLUB</b> <input type="checkbox"/>
<b>CHECK GENDER OF PARTICIPANTS:</b> ✓	<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>BOTH</b> <input type="checkbox"/>	<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>BOTH</b> <input type="checkbox"/>	<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>BOTH</b> <input type="checkbox"/>

**CLUB NAME:**

**PLEASE NOTE:** The following **cannot** appear as part of your club name: **AAU** or **Amateur Athletic Union** or any derivative thereof.  
Use Legal Name – Must Match Exactly with Name on Individual Membership

**CLUB REPRESENTATIVE:**

First	Middle <small>AAU individual membership required of club contact</small>	Last
ADDRESS _____	CITY _____	STATE _____ ZIP _____
PHONE ( ) _____ WORK	( ) _____ HOME	( ) _____ FAX
( ) _____ CELL	EMAIL _____	

**ALTERNATE CLUB REPRESENTATIVE:**

Use Legal Name - Must Match Exactly with Name on Individual Membership

First	Middle <small>AAU individual membership required of club contact</small>	Last
ADDRESS _____	CITY _____	STATE _____ ZIP _____
PHONE ( ) _____ WORK	( ) _____ HOME	( ) _____ FAX
( ) _____ CELL	EMAIL: _____	

IN ORDER FOR INSURANCE COVERAGES TO BE EFFECTIVE CLUBS AND ALL PARTICIPANTS MUST BE AAU MEMBERS.

If our organization is accepted and eligible to be a voting club, our nomination for the District Board of Managers will be the Club Contact listed and will receive all correspondence from the District for the club. If accepted as a club member, we agree to abide by the code, bylaws, policies and procedures of the Amateur Athletic Union of the United States, Inc. and affirm that all representatives listed on this form meet membership eligibility requirements.

**LIST PRIMARY SPORT IN WHICH CLUB IS PARTICIPATING:** \_\_\_\_\_

**LIST AGE DIVISIONS:** \_\_\_\_\_

**LIST OTHER SPORT(S) IN WHICH CLUB IS PARTICIPATING:** \_\_\_\_\_

**(Signature of Club Representative)** \_\_\_\_\_

**(Date)** \_\_\_\_\_

Information listed below is to be filled out by District Office

DATE CLUB MEMBER ACCEPTED: ____/____/____	EXPIRATION DATE: ____/____/____
APPROVED CLUB CODE: _____	Signature of District Office Representative _____

Revised 10/23/07

