



AAU NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



Membership cards are emailed only or may be printed after processing at www.aausports.org

AAU Membership Year is September 1 to August 31.

You must provide your full Legal Name

*First	*Middle	*Last	
*Street Address		*City	*State *Zip
*Application Date	*Primary Phone	*Birth Date (MM/DD/YYYY)	
*E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Club Code (if known)	Club Name (if known)	*Sport	

*Check Primary Program

Youth Program
If you work with ages 1 to 20

Adult Program
If you work with ages 21 to 99

*HAVE YOU EVER BEEN CONVICTED OF A FELONY (check one) Yes No

*HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE (check one) Yes No

*YOU MUST PROVIDE YOUR SOCIAL SECURITY NUMBER. SS # _____

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 name, (street) address, birth date, social security number and email. 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.

*This information is required; no application can be processed without all required information.	*Member's Signature
	*Date

YOUTH PROGRAM (If you work with ages 1 to 20)	Regular Membership	Extended Benefit Membership *
	<input type="checkbox"/> \$16.00	or <input type="checkbox"/> \$18.00
NON-ATHLETE – ALL SPORTS- Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.		

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

ADULT PROGRAM (If you work with ages 21 to 99)	Regular Membership	Extended Benefit Membership *
	<input type="checkbox"/> \$16.00	or <input type="checkbox"/> \$18.00
NON-ATHLETE – ALL SPORTS – Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.		

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

Membership cards are emailed only or may be printed after processing at www.aausports.org
Memberships may take 5-10 days to process from date received.

PLEASE NOTE: DISCLOSURE AND BACKGROUND AUTHORIZATION FORM ATTACHED MUST BE SIGNED AND RETURNED WITH THIS APPLICATION.

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING CRIMINAL BACKGROUND INVESTIGATION

This form must be completed by _____ the person whose electronic signature is affixed to this Disclosure and Consent/Authorization.

The Amateur Athletic Union of the United States, Inc. ("AAU") may obtain information about you from a third party reporting agency (an agency that performs criminal background checks) for membership purposes and to permit you to volunteer with/for the AAU. Thus, you may be the subject of one or more criminal background checks/reports. Criminal background reports may contain information regarding your criminal history, social security verification, or other background checks. The AAU will not request your credit history. The scope of this notice and authorization is all-encompassing, allowing the AAU to obtain from any outside organization all manner of criminal background reports now and throughout the term of your membership to the extent permitted by law.

AAU will obtain criminal background reports on all adult members and/or adult applicants on (approximately) an annual basis. If you purchase a multi-year membership, your consent herein will remain in effect throughout your membership. AAU may obtain criminal background reports on all multi-year members at or around the start of each new year of a multi-year membership and/or at such other times throughout your membership as may be permitted by law in the sole discretion of the AAU. As a result of all of the foregoing, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any criminal background report acquired by the AAU.

ACKNOWLEDGMENT, AUTHORIZATION & RELEASE

I acknowledge receipt of the DISCLOSURE REGARDING CRIMINAL BACKGROUND INVESTIGATION and certify that I have read and understand the document(s). I hereby authorize the obtaining of criminal background checks/reports by the AAU at any time after receipt of this authorization and throughout my membership, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), or information service bureau, to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the AAU, and/or the AAU itself. LexisNexis® Screening Solutions Privacy Policy can be accessed at privacypolicy.lexisnexis.com/screen.html. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization, including my electronic signature, shall be as valid as an/the original.

I acknowledge that my membership and the opportunity to volunteer/participate with the AAU is contingent upon the AAU's approval after reviewing the criminal background checks/reports obtained by AAU as well as my continued adherence to AAU's policies, procedures, and applicable federal, state, and local laws. I hereby release, indemnify, save and hold harmless the AAU and its officers, directors, members, employees, attorneys, and agents from any and all liability, claims, or demands by me or my heirs and/or representatives arising out of any criminal background checks/ reports obtained and/or used by the AAU in connection with both my application for membership and/or to volunteer with/for the AAU and any resulting membership with and/or volunteer services to/for the AAU.

Last Name _____ First _____ Middle _____

Signature: _____ Date: _____