



Individual Membership Registration

State: _____ Date: _____

Form sent in by: _____

Name of Club or Event: _____

Phone No. of person submitting form: _____

Don't mix types!
All names listed
on this form are: Competitor _____
 Coach _____

Instructions: Please do not mix types of members on one page. Date of birth is required for each type of membership. Please print [ink only] and print hard. Be sure to include the full mailing address with accurate zip code. Return all pages of this form to your State Chairperson or Membership Administrator. Non-computerized states should keep the bottom copy and send the top page to the National Office immediately.

Card No.	Date of Birth (M/D/Y)	Sex	First Name	Last Name	Mailing Address	City (DO NOT ABBREVIATE)	State	Zip +4	Phone No. (123) 456-7890
Email →									Misc.
Email →									Misc.
Email →									Misc.
Email →									Misc.
Email →									Misc.
Email →									Misc.
Email →									Misc.
Email →									Misc.
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PLEASE FILL OUT COMPLETELY AND LEGIBLY, SUBMIT MEMBERSHIP IMMEDIATELY!