



Individual Membership Application—2012

For Department use: USATF #

Application: [] New [] Renewal Age: _____ Gender: [] Male [] Female

Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip+4: _____

Home: (____) _____ Work: (____) _____ FAX: (____) _____

E-Mail Address: _____

USATF Club Name: _____ Club Number: _____

Citizen of What Country: _____

Membership Category: (Pick one)

- [] Youth Athlete (AY - Under 19)
[] Open Athlete (AO - 19 - 39)
[] Masters Athlete (AV - 40 & Older)
[] Coach (C0 C1 C2)
[] Official (OA ON OM)
[] Administrator (AD)

Sport(s) in which you compete:(Pick any that apply)

- [] Track (T)
[] Field (F)
[] Race Walking (W)
[] Cross Country (X)
[] Long Distance Running (R)
[] Ultra-Running (U)

Membership Fee: (Pick one)

- [] Adult (age 19 or older) One Year Membership. Fee is \$30.00. Two Years: \$55.00
[] Adult (age 19 or older) Three Year Membership. Fee is \$80.00. Four Years: \$100.00
[] Youth (age 18 or younger) One Year Membership. Fee is \$20.00. Two Years: \$40.00
[] Youth (age 18 or younger) Three Year Membership. Fee is \$60.00. Four Years: \$80.00

Birth Certificate Required in Youth Athletics.

- [] Birth Certificate Attached. [] Birth Certificate Already on File From 2011

Additional Tax Deductible Contribution: (Thank You)

[] I have included an additional \$ _____ Tax Deductible Contribution.

Signature: _____ Date: ____/____/____

(If under 18 must be signed by parent or guardian)

Make Checks payable to: USATF Mid-Atlantic

Mail Completed Applications to:

Mid-Atlantic Assn
PO Box 662
Southeastern, PA 19399