

USATF MEMBERSHIP APPLICATION

 \square New Member \square Renewal from previous year — USATF Number:_____

Please print or type information

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Last Name	First	nam	e Initial
Address			
City			State Zip Code
SEX M/F Age Todaų	Date of Birth	М	M - D D - Y Y Y
USA Citizen? 🗆 YES	☐ NO If no, countru	y of (Citizenship
Phone Number	Club Name		
Email	Diogso shock a	ll an	olieghle sports here:
☐ Tro	rck	Road	olicable sports here: running/LDR
Please check the codes You may use one T: Athlete DA: Disabled Athlete	s below for use here.	OPTION 1	JOIN ONLINE AT WWW.USATF.ORG/MEMBERSHIP YOU WILL RECEIVE YOUR MEMBERSHIP # - INSTANTLY! Have your most recent membership # & password ready as they will be needed for the renewal process
CH: Coach-uncertified CD: Developmental certified CI: Coach - Level 1 certified CI: Coach - Level 2 certified CI: Coach - Level 3 certified	Assoc. certified ON: Official - National certified OM: Official - Master certified AD: Administrator		MAIL TO YOUR LOCAL ASSOCIATION USATF Illinois 1213 Maple Ave Ste E Lisle, IL 60532
By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaws, Operating Regulations, and Competition Rules for my level(s) and category(ies) of membership.		PTION 2	Adult Membership (19 yrs & over) \$29.95 x = \$ Fee # of membership years Youth Membership (18 yrs & under)
Signature (If an athlete is under age 18, parent or guardian must sign)		OPT	\$19.95 x = \$ Fee # of membership years
			CONTRIBUTIONS (TAX DEDUCTIBLE) \$
Date of Application			Please direct my contribution to ☐ LDR ☐ Youth ☐ Masters T
			☐ RW ☐ Associations Programs ☐ Unrestricted
mportant information for youth members: New or lapsed membership must submit a copy of birth certificate or other ID.			TOTAL \$
Check here if you do not want your address used as part of a direct mail list.			Please make checks payable to USATF.