



MEMBER # \_\_\_\_\_

# Membership Application

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

E Mail \_\_\_\_\_ Website \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_

**Key Contact People**

President \_\_\_\_\_  Other \_\_\_\_\_

Accounting Manager \_\_\_\_\_

Non Profit Corp.  Sub Chapter S

Corporation  Partnership

LLC  Joint Venture

Other \_\_\_\_\_

PLEASE CHECK ORGANIZATION TYPE

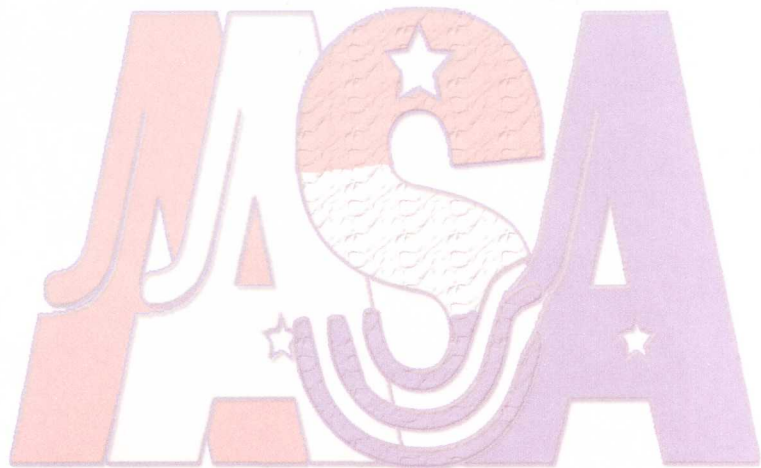
Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_



Please enclose check payable to **American Amateur Sports Association** and return with this form to address shown below.

**THANK YOU FOR YOUR SUPPORT!**



**American Amateur Sports Association**