



USATF Membership Application

New Member Renewal (from previous year – USATF Number _____)

Please print or type information

Last Name	First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex M/F Age Today Date of Birth - - (MM-DD-YYYY – i.e.: 02-19-1958)

USA Citizen Yes No If no, country of Citizenship

Phone Number - -

Club No. Club Name

Email

(Your membership # will be emailed to you. Your email address will not be shared with anyone.)

Please check all appropriate sports codes here:

- Track Field Road Running/LDR Cross Country Ultra-Marathon Mountain/Trail Race Walking

Membership Category Codes

Please use the codes below – you may indicate one or more categories.

- | | |
|-------------------------------|----------------------------|
| AT: Athlete | PA: Parent |
| DA: Disabled Athlete | OF: Official -uncertified |
| CH: Coach-uncertified | OA: Official – Association |
| CD: Developmental certified | ON: Official - National |
| C1: Coach - Level 1 certified | OM: Official - Master |
| C2: Coach - Level 2 certified | AD: Administrator |
| C3: Coach - Level 3 certified | |

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.

Signature (If an athlete is under age 18, parent or guardian must sign)


Date of Application

- - (MM-DD-YYYY)

Important information: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well. **Youth members:** New or lapsed memberships must submit a copy of birth certificate or other ID.

Check here if you do not wish your address used as part of a direct mail list.

OPTION 1




JOIN ONLINE AT
www.usatf.org/membership

You will receive your new Membership # – Instantly!!

Have your previous membership # and password ready as they will be needed for the renewal process

OPTION 2

MAIL TO YOUR LOCAL ASSOCIATION
Mail the completed application and appropriate membership fees to your local Association. Mailing addresses can be found at www.usatf.org/associations



Adult Membership (19 yrs & over)	\$ _____
\$ 30.00 (1-year)	\$ 80.00 (3-years)
\$ 55.00 (2-years)	\$ 100.00 (4-years)
Youth Membership (18 yrs & under)	\$ _____
\$ 20.00 x _____ =	\$ _____
# of membership years	

CONTRIBUTIONS (TAX DEDUCTIBLE) \$ _____

Please direct my contribution to LDR Youth

Masters T & F RW Association Programs

Unrestricted

TOTAL \$ _____

Please make checks payable to USATF.