



Membership Application

Date (MM/DD/YY): _____

PART ONE: Member Information (Please print all information completely.)

Athlete Parent Professional (i.e. PT, CTRS, Coach, etc.) Student other: _____

Last name _____ First name _____ Middle initial _____

Agency/Organization/School (if applicable) _____

Title _____

Mailing Address _____

City _____ State _____ Zip code _____

Telephone _____ Mobile phone _____ E-mail _____

Date of birth (MM/DD/YY) _____ Gender _____

Guardian's name (if under 18) _____

Address _____ City _____ State _____ Zip _____

Primary Disability _____ Secondary Disability _____

Ethnicity (optional) African American Caucasian Hispanic/Latino Asian/Pacific Islander Other

PART TWO: Membership

All memberships are for a one year period beginning on the date of receipt of the membership application.

New Membership - \$25 Membership Renewal - \$25, Membership # _____

PART THREE: Payment

Sending a **Check** Sending a **Money Order** Paying Now by **Credit Card** online

For Office Use Only:

Date Membership Received: ____/____/____ Membership Card Sent: ____/____/____
Database Entry Date: ____/____/____ BlazeSports Welcome: ____/____/____
Process Date: ____/____/____ by _____