USAwrestling

Individual Membership Registration

Don't mix types! All names listed on this form are:
❑ Competitor ❑ Coach ❑ General

State: ____________ Date: ____________ Form sent in by: ______________________________

Name of Club or Event: ____________________ Phone No. of person submitting form: _______________

Instructions: Please do not mix types of members on one page. Date of birth is required for each Competitor, but is not necessary for Coaches or General Members. Please print (ink only). Be sure to include the full mailing address with accurate zip code. Make copies and return all pages of this form to your State Chairperson or Membership Administrator. Non-computerized states should keep one copy and send the other copy to the National Office immediately.

Card No.	Year of Birth (M/Yr.)	Sex	Name *First* *Last*	Mailing Address	City (DO NOT ABBREVIATE)	State	Zip+4	Phone No. (123)456-7890	Misc.

PLEASE FILL OUT COMPLETELY AND LEGIBLY. SUBMIT MEMBERSHIP IMMEDIATELY!