

AAMMA Office Use Only

Issuing Official: _____



AAMMA Membership Renewal

Date: _____

- Student Athlete (\$20.00)
- Non-Competitor (\$30.00)
- School Membership (\$75.00)

Student Athlete's Name: _____

School's Name: _____

Address _____
number street city state country postal code

Tel: Home (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email Address: _____

Date of birth: _____ Age: _____ Sex: _____

Student Athlete's Name "please print"

Student Athlete's Signature / Date

Driver's License / ID Number

Guardian's Name (If Under 18)

Guardian's Signature (If Under 18)

Name On Card

Card Number

Visa Master Card Discover

Exp. Date

CCV Code*

* The CCV code is on the back of your card. By signing, you are authorizing AAMMA to charge your Credit/Debit card AAMMA's renewal fee.

Please fill out and fax to: 850-457-1650

OR

Mail to:

**AAMMA
12156 Havburg Dr
Pensacola FL 32506**