

## American Water Polo Individual Membership Form

This form is used by coaches, referees, athletes, families, and parents.  
Coaches registering their clubs must use the Club Registration Form.

	I am renewing my membership						I am a new member				
First Name					MI		Last Name				
Street											
City					State		Zip				
Home Ph						Work Ph					
Cell Ph						Date of Birth					
Email									Gender		
Shirt Size^	Ad 3xl	Ad 2xl	Ad xl	Ad lg	Ad m	Ad sm	Yth m (10-12)		Yth sm (6-8)		
Club Name							If not affiliated with a club, check the box to the right				
Membership Type (circle all that apply)											
Athlete (23 or older)	\$40						Family Plan	\$75			
Coach	Free						Limited*	\$25			
Contributor/Parent	\$35						Referee	Free			
Scholastic (see below)	\$30		School								
Scholastic members must be full-time students less than 23 years of age											
If choosing Family Plan, list the names of the additional immediate family members											
Name						Date of Birth			Shirt Size		
Name						Date of Birth			Shirt Size		
Name						Date of Birth			Shirt Size		
Name						Date of Birth			Shirt Size		
^Coaches registering ten or more athletes will be eligible to receive an annual reward. For example, AWP would provide rewards for two coaches in a club with 20 athletes.											
*The Limited Membership is available to athletes currently registered with USWP. Individuals must show proof of membership with their application. This membership does not provide any benefits other than insurance coverage for the competitive events and athletes will not be part of the rewards program.											
Total Amount Enclosed							\$				
<b>Checks should be made payable to "American Water Polo" and sent to:</b>  <b>American Water Polo</b> <b>320 West 5th Street</b> <b>Bridgeport, PA 19405</b>											