



# Membership Application

**PART ONE: Member Information** (Please print all information completely.) Date: \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Age \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_ Gender \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Guardian's name (if under 18) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Diagnosed Primary Disability \_\_\_\_\_  
Ethnicity (optional)  African American  Caucasian  Hispanic/Latino  
 Asian/Pacific Islander  Other

**PART TWO: Type of Membership**

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

- New Membership  Membership Renewal - Membership # \_\_\_\_\_

**Membership Fees:**

- Regular Member - \$25

**Payment Information**

Billing address (if different from above) \_\_\_\_\_

- Check enclosed payable to BlazeSports America  Money Order  
 Charge my  Visa  Mastercard Card No. \_\_\_\_\_

Name on the card \_\_\_\_\_ Amount \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**PART THREE: Other Information**

Please check all categories that apply to you:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Athlete            | <input type="checkbox"/> Teacher   | <input type="checkbox"/> Classifier                    |
| <input type="checkbox"/> Coach              | <input type="checkbox"/> CTRS      | <input type="checkbox"/> Competition Organizer         |
| <input type="checkbox"/> Athletic Trainer   | <input type="checkbox"/> PT        | <input type="checkbox"/> Official                      |
| <input type="checkbox"/> Parent of Athlete  | <input type="checkbox"/> OT        | <input type="checkbox"/> Student                       |
| <input type="checkbox"/> Sibling of Athlete | <input type="checkbox"/> Physician | <input type="checkbox"/> Other (please list):<br>_____ |

Please check all sports in which you compete, coach, organize or are of interest:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Archery                                    | <input type="checkbox"/> Judo                      | <input type="checkbox"/> Wheelchair Basketball |
| <input type="checkbox"/> Basketball                                 | <input type="checkbox"/> Powerlifting              | <input type="checkbox"/> Wheelchair Dance      |
| <input type="checkbox"/> Boccia                                     | <input type="checkbox"/> Power Soccer              | <input type="checkbox"/> Wheelchair Fencing    |
| <input type="checkbox"/> Bowling                                    | <input type="checkbox"/> Rowing                    | <input type="checkbox"/> Wheelchair Rugby      |
| <input type="checkbox"/> Cycling                                    | <input type="checkbox"/> Sailing                   | <input type="checkbox"/> Wheelchair Tennis     |
| <input type="checkbox"/> Equestrian                                 | <input type="checkbox"/> Shooting                  |  |
| <input type="checkbox"/> Field                                      | <input type="checkbox"/> Skiing: Alpine and Nordic |  |
| <input type="checkbox"/> Goalball                                   | <input type="checkbox"/> Sled Hockey               |  |
| <input type="checkbox"/> Indoor Wheelchair Soccer/<br>Team Handball | <input type="checkbox"/> Swimming                  |  |
|   | <input type="checkbox"/> Table Tennis              |  |
|   | <input type="checkbox"/> Track                     |  |
|   | <input type="checkbox"/> Volleyball (sitting)      |  |

**ATHLETES ONLY** – Have you ever been classified?  Yes  No

If yes,

Sport_____	Class_____	Year_____	Location_____
Sport_____	Class_____	Year_____	Location_____
Sport_____	Class_____	Year_____	Location_____
Sport_____	Class_____	Year_____	Location_____

***Return the completed form and payment to:***  
**BlazeSports America**

**280 Interstate North Circle, Suite 450, Atlanta, Georgia 30339**

