



Club Athlete Membership Form
USA Card Application



****please fill out ALL required fields in a legible manner****

USAW ID <i>(required ONLY if renewing a Membership for athletes)</i>	
Membership Type <i>(required)</i>	Traditional Athlete Membership
Email <i>(email contact for profile - optional)</i>	
Wrestler First Name <i>(required)</i>	
Wrestler Last Name <i>(required)</i>	
DOB <i>(required - ex. 10/27/2019)</i>	
Phone <i>(optional)</i>	
Gender <i>(required)</i>	
Address 1 <i>(required)</i>	
Address 2 <i>(optional)</i>	
City <i>(required)</i>	
State <i>(required)</i>	
Zip Code <i>(required)</i>	
Parent 1 First Name <i>(required)</i>	
Parent 1 Last Name <i>(required)</i>	
Parent 1 Email <i>(required)</i>	
Parent 2 First Name <i>(optional)</i>	
Parent 2 Last Name <i>(optional)</i>	
Parent 2 Email <i>(optional)</i>	