Missouri USA Wrestling

# Individual Membership Registration

State:_____ Date: _____

Name of Club or Event: _____

Club Code: _____

Form sent in by: _____

Address of person submitting form: _____

Phone # of person submitting form: _____

| Don't mix types! | ☐ $30.00 | ☐ $30.00 | ☐ $30.00 |
|---|---|---|---|
| All names listed on this form are: | Competitor | Coach | General |

**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 of General Members. Please print in ink only. Be sure to include the full mailing address with accurate zip code. Return all pages of this form to your State Chairperson or Membership Administrator.

| Card # | DOB (M/Yr.) | Sex | Name *First* *Last* | Mailing Address | City (DO NOT ABBREVIATE) | State | Zip | Phone # (123) 456-7890 |
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**PLEASE FILL OUT COMPLETELY AND LEGIBLY. SUBMIT MEMBERSHIP IMMEDIATELY!**
**MEMBERSHIP WILL NOT BE PROCESSED UNTIL MONEY IS RECEIVED IN THE OFFICE!**