

**MICHIGAN AAU GIRLS' BASKETBALL ASSOCIATION**  
**MEMBERSHIP VERIFICATION FORM**

YOU MUST ATTACH RECENT  
PHOTO OF ATHLETE HERE

*PLEASE TYPE OR PRINT CAREFULLY:*

**OFFICIAL ENTRY (PLEASE COMPLETE ALL INFORMATION)**

_____ LAST NAME		FIRST NAME	INITIAL	_____ AAU REGISTRATION NO.	
_____ STREET ADDRESS					
_____ CITY		_____ COUNTY		_____ STATE	_____ ZIP CODE
_____ DATE OF BIRTH		_____ AGE TODAY		_____ (AREA CODE) TELEPHONE NUMBER	

**MUST** BE SIGNED \_\_\_\_\_  
ATHLETE'S SIGNATURE DATE

**MUST** BE SIGNED \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE DATE

**THE CONTENT OF THIS FORM PROVIDES INFORMATION TO ALLOW ASSOCIATION VALIDATION OF THIS ATHLETE TO COMPETE IN MICHIGAN AAU GIRLS BASKETBALL EVENTS. THIS FORM MUST BE COMPLETED AND AVAILABLE FOR INSPECTION AT ANY ASSOCIATION QUALIFYING TOURNAMENT (AQT) EVENT OR OTHER AAU SANCTIONED EVENT. IF AN ATHLETE CANNOT PROVE THEIR IDENTITY, SHE WILL NOT BE PERMITTED TO PARTICIPATE AND SHE MAY NOT SIT ON THE BENCH WITH HER TEAM. SHE WILL BE CONSIDERED A NON-MEMBER UNTIL PROVEN OTHERWISE.**

**YOU MUST ATTACH A BIRTH CERTIFICATE FROM A CITY, COUNTY OR STATE AUTHORITY. HOSPITAL OR CHURCH RECORD CERTIFICATES ARE NOT ACCEPTABLE.**