

## ASSOCIATE MEMBER REGISTRATION - \$20

**Associate Members** are club members that will not be joining ASA to compete nationally, but are requesting that ASA provides them with individual liability insurance. Your club members who do not wish to have individual liability insurance through ASA are not required to be covered. To ensure proper identification, please include **Full Legal Name, Date of Birth (DOB), and Full Address. PRINT LEGIBLY OR TYPE.**

### Associate Members (Ins. Only)

**Club Name:** \_\_\_\_\_ **Club ID:** \_\_\_\_\_

1. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Please make additional copies as needed)