

# 2015-2016 PAWF/USA WRESTLING MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Club: **Myrmidons Wrestling Club**

DOB \_\_\_/\_\_\_/\_\_\_ age: \_\_\_\_\_

Gender: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Please circle ONE of the following

<b>Open</b>	<b>HS/Junior</b>	<b>Cadet</b>	<b>Schoolboy</b>	<b>Novice</b>	<b>Intermediate</b>	<b>Bantam</b>
9th-12th Grade	1999 - 2000	2001 - 20002	2003 - 2004	2005 - 2006	2007 - 2008	

*Note: The cost of the USA card will be covered in your Club membership dues, and card purchases will be made by the club director.*

Card number

\_\_\_\_\_

*Official Use Only  
Don not write in this box*