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(____) _____

____ Enclosed, please find my check for \$125.00 made payable to the Amateur Athletic Union, or;

____ Please charge my ____ Visa ____ MasterCard ____ Discover ____ American Express for my \$125.00 Life Membership Fee.

Card Number _____ Expiration Date _____

Signature _____

AAU National Headquarters
Attn: Joan Duncan
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Lake Buena Vista, FL 32830
joan@ausports.org

AAU LIFE MEMBERSHIP APPLICATION FORM