

**2019-2020
APPLICATION**

**The Cook Athletic Association
411 Hobart Avenue
Hamilton Twp., New Jersey 08629
(609) 586-5117**

**2019-2020
APPLICATION
CARD# _____**

YOUTH BASKETBALL/ADULT/PARENT/GUARDIAN MEMBERSHIP APPLICATION
(Please Print Clearly-Complete all sections)

NAME PARENT	FIRST	LAST
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ADDRESS (Please indicate if address change)	CITY	STATE	ZIP CODE
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D.O.B.	Phone#	E-MAIL ADDRESS	Child's Name & Age
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COOK A.A. MEMBERSHIP APPLICATION AGREEMENT

1. I do hereby certify that I am 21 years of age and a legal citizen of the United States of America. I also certify that I have never been convicted of a felony and that my name does not appear on any Meagan's Law List.
2. I understand that dues are due on January 1st of each year and must be paid herewith; Also if application is approved, I will receive a membership card. I also understand that once this application is approved and I receive a membership card that I am an associated member of the Cook A.A. of New Jersey enjoying all the benefits and privileges of the Cook A.A. members and that I am subject to all rules and by-laws established by the elected members of the Cook A.A. Board of Trustees.
3. I understand that, if for any reason this application is rejected by the Cook A.A. Board of Trustees, any dues paid will be refunded to me. I also understand that if this application is rejected by the Cook A.A. Board of Trustees for any reason that I cannot make application to the Cook A.A. for six months.

Please sign and return this application along with your dues.
REPLACEMENT MEMBERSHIP CARD's \$5.00
SINGLE MEMBERSHIP \$35.00
HUSBAND/WIFE & DOMESTIC PARTNER MEMBERSHIP \$45.00

Sponsor's Signature _____

Applicant Signature _____

Dues Paid _____
CASH _____ **CHECK#** _____
CREDIT CARD _____
Date: _____
Officer _____

Approved: _____
Organization Officer _____

Rejected: _____

ALL CHECKS MUST HAVE DRIVER'S LICENSE# and PHONE# ON THEM!
CHECK FOR UPDATES ON OUR WEBSITE www.cookathleticassociation.com and
FACEBOOK PAGE COOK AA