



NATIONAL ASSOCIATION OF ATHLETICS ADMINISTRATIONS
OF TRINIDAD AND TOBAGO

APPLICATION FOR ATHLETIC MEMBERSHIP

TO: The Secretary – National Association of Athletics and Administrations

ATHLETE: _____

ADDRESS: _____

PHONE: _____
(Home) (Office) (Cell)

DATE OF BIRTH: _____

I hereby apply for **ATHLETIC MEMBERSHIP** with the National Association of Athletics Administration of Trinidad and Tobago subject to the constitution of the Association and the said rules and regulations.

Signature: _____ **Date:** _____

FOR ATHLETES UNDER AGE 16

I hereby give consent to my son/daughter to apply for athletic membership with the National Association of Athletics Administration of Trinidad and Tobago.

Parents Name: _____

Parent Signature: _____ Date: _____

CLUB ENDORSEMENT

I hereby certify that _____ is a member of _____

_____ Date: _____

(Signature of Secretary/President) _____

FOR OFFICIALS USE ONLY

Application received on _____

Signature _____

Secretary _____ Date Approved _____

APPLICATION MUST BE ACCOMPANIED BY ATHLETES' INFORMATION FORM. A COPY OF BIRTH CERTIFICATE AND (2) PASSPORT PHOTOS