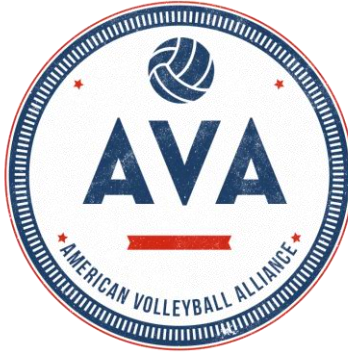


Please Email Completed Document to VolleyAlliance@gmail.com



AVA MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Position:	Phone:
Current address:		
City:	State:	ZIP Code:
USAV MEMBER?	USAV NUMBER:	
CLUB INFORMATION		
Club Name:		
Address:		# of Teams in your club?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Club Director:	Age Groups:	Boys or Girls?
BACKGROUND SCREENING		
Are all adults involved with your club currently background screened by USAV?   Y      N		
Other:		
<p><b>We have found that only USA Volleyball has adequate background checks. If yours is not current (or any adult in your club) you must go to our "Why we are here" page and go to the SSCI link for a current background check.</b></p> <p>I verify the information in this form is true and acknowledge that all adults involved in my club are USAV Background checked, or have gone through SSCI to have a thorough background screening at their own expense. I understand that The American Volleyball Alliance can request this information from me at any time in order to verify the safety of my players.</p>		
Signature of applicant:		Date:
Signature of applicant:		Date: