

CONFERENCE MEMBERSHIP

Application Form for Division III



Conference membership is available to duly elected athletics conferences of colleges and universities that conduct conference competition and determine a champion in one or more sports in which the NCAA conducts championships or for which it is responsible for providing playing rules for intercollegiate competition. All the members of the conference shall be active members of the NCAA, except that a conference with 40 or more members may qualify as a member conference if 90 percent of its member institutions are active members of the NCAA.

All of the members of the conference shall be active members, except that a conference with at least **seven** active members also may qualify as a member conference if it contains one or more provisional members.

Please note, an athletics conference desiring to become a Division III member conference shall submit this form to the national office by **January 15** for membership effective September 1 of that year. A check in the appropriate amount for annual dues (see Constitution 3.7.2) shall accompany the application. Should the applicant fail election, the dues paid shall be refunded. A conference applicant must also include a letter detailing its rationale for pursuing Division III conference membership and its viability. This letter shall be submitted and signed by the conference president/chancellor contact (an active member president or chancellor.) The conference's bylaws and constitution must also be submitted with the application form.

1. Name of conference: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing address: _____

City and state: _____ Zip code: _____

Web site: _____

2. Commissioner/Executive officer: _____

Conference title: _____

Institutional title: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing address: _____

City and state: _____ Zip code: _____

3. Conference president: _____

Institution: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing address: _____

City and state: _____ Zip code: _____

4. Conference president/chancellor contact: _____
(must be an active member president or chancellor)
- Institution: _____ Title: _____
- Phone: _____ Fax: _____ E-mail: _____
- Mailing address: _____
- City and state: _____ Zip code: _____
5. Conference office senior woman administrator: _____
- Institution: _____ Title: _____
- Phone: _____ Fax: _____ E-mail: _____
- Mailing address: _____
- City and state: _____ Zip code: _____
6. Conference student-athlete advisory committee liaison: _____
- Institution: _____ Title: _____
- Phone: _____ Fax: _____ E-mail: _____
- Mailing address: _____
- City and state: _____ Zip code: _____
7. Conference office compliance coordinator: _____
- Institution: _____ Title: _____
- Phone: _____ Fax: _____ E-mail: _____
- Mailing address: _____
- City and state: _____ Zip code: _____
8. Conference secretary: _____
- Institution: _____ Title: _____
- Phone: _____ Fax: _____ E-mail: _____
- Mailing address: _____
- City and state: _____ Zip code: _____

9. Member institutions and institutional signatures (each member institution must submit signatures from the director of athletics and the individual whom athletics reports to. These signatures may be submitted under separate cover but it must be clear which institution is represented):

a. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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b. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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c. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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d. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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e. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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f. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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g. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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h. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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i. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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j. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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k. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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l. _____

_____ Signed: (Director of athletics)	_____ Printed name	_____ Date
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_____ Signed: (Individual whom athletics reports to)	_____ Printed name	_____ Date
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10. Intercollegiate sports in which conference conducts competition for men:

<u>Sport</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>

11. Intercollegiate sports in which conference conducts competition for women:

<u>Sport</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>

12. Other sports sponsored:

13. _____
Signed: (Commissioner/executive officer) Printed name Date

Signed: (Conference president/chancellor contact) Printed name Date

*This application must be received by the national office not later than **January 15**. Completion of this application in no way implies or ensures approval of membership. If a conference fails to fully complete the application or the NCAA does not receive the application on time, the conference shall not be considered for membership for the upcoming academic year.*

PLEASE SEND COMPLETED APPLICATION TO:

**Michelle Vaughn
NCAA – P.O. Box 6222 – Indianapolis, Indiana 46206-6222
Phone: 317/917-6222**

**ACCOMPANIED BY A COPY OF YOUR ORGANIZATION'S CONSTITUTION AND BYLAWS,
LETTER FROM THE CONFERENCE PRESIDENT OR CHANCELLOR CONTACT
AND A CHECK IN THE AMOUNT OF \$450
FOR PAYMENT OF THE ANNUAL DUES.**

