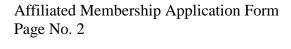
## **AFFILIATED MEMBERSHIP**

## **Application Form**



Name of Organization			
Addrage:			
City			Zip Code
Website Address			
Phone Number:		Fax Number	
Primary Contact Name			
Title		Email	
Address			
City	State		Zip Code
Phone Number		Fax Number	
Additional Contact Name			
Title		Email	
Address			
City	State		Zip Code
Phone Number		Fax Number	
Additional Contact Name			
Title		Email	
Address			
City	State		Zip Code
Phone Number		Fax Number	



Please select the appropriate category:

Coaches or Sports Association for Sports Sponsored by the NCAA

Association Comprised of College/University Administrators

Describe how the organization meets the current eligibility requirement

Signature of Primary Contact

## PLEASE SEND COMPLETED FORM TO:

Michelle Vaughn
Assistant Director of Academic and Membership Affairs
National Collegiate Athletic Association
P.O. Box 6222
Indianapolis, Indiana 46206-6222
Phone: 317/917-6222
Fax: 317/917-6991

ACCOMPANIED BY A COPY OF YOUR ORGANIZATION'S CONSTITUTION AND BYLAWS, LIST OF BOARD MEMBERS, CERTIFICATE OF GOOD STANDING AND A CHECK IN THE AMOUNT OF \$500 FOR PAYMENT OF ANNUAL DUES.