

AFFILIATED MEMBERSHIP

Application Form



Name of Organization _____

Address: _____

City _____ State _____ 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.**