

NATIONAL COLLEGIATE WRESTLING ASSOCIATION

2007-2008 SEASON -- TEAM MEMBERSHIP RENEWAL APPLICATION & INVOICE

(for Active Members Only)

Team Membership -- Renewal Fee -- \$300.00

Membership Fee Due between: April 15th -- September 30thamount due \$300

Late Fee #1: October 1st -- October 31st -- add \$50amount due \$350

Late Fee #2: November 1st -- November 30th -- add \$100amount due \$400

Late Fee #3: December 1st -- December 31st -- add \$150amount due \$450

Late Fee #4: January 1st -- February 1st -- add \$200amount due \$500

No Membership Renewals accepted after February 1, 2008

All fees must be paid by February 1, 2008

Step #1 -- Complete this Application and FAX ASAP to: 1-866-894-5094 (toll free)

When sending fax, please use the FINE setting on your fax machine – this will open your account on the NCWA web page

Step #2 -- MAIL the completed and signed Original Application to:

NCWA
8737 Grenadier Drive
Dallas TX 75238-3819

Step #3 -- MAIL the payment (if done by check) to the address in Step #2

Make all checks payable to:

NATIONAL COLLEGIATE WRESTLING ASSOCIATION (or NCWA)

MEMBERSHIP INFORMATION:

Please Print all information

School's Full Name: _____

School's Physical Address: _____

City: _____ State: _____ Zip+4: _____

School Colors: _____ 2007-2008 School Enrollment: _____

School Mascot: _____ NCWA Conference: _____

Other Athletic Associations which the school is a member: _____

Activities Coordinator of School: _____

Coordinator's Title: _____ Phone: (_____) _____

Coordinator's e-mail: _____

Academic Advisor: _____ Phone: (_____) _____

Advisor's e-mail: _____

Club Sports Information Director: _____ Phone: (_____) _____

SID's e-mail: _____

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Wrestling Team President: _____ Phone: (____) _____
First Aid Certification Date: _____ CPR Certification Date: _____
Team President's e-mail: _____

Head Wrestling Coach: _____ Phone: (____) _____
First Aid Certification Date: _____ CPR Certification Date: _____
Coach's e-mail: _____

Mailing Address for all Correspondance: Send To: _____
Address: _____
City: _____ State: _____ Zip Code: _____

To whom it may concern:

[Note: School Administrator's signature is required in order for Application to be valid]

The undersigned School Administrator states that the above named school recognizes the wrestling program at their school and authorizes the team's participation in the National Collegiate Wrestling Association (NCWA).

Membership in the NCWA implies that the member school will abide by all rules and regulations as set forth by the NCWA, which may include, but are not limited by, NCAA applicable rules.

Your signature on this application states that the applying school will comply with all rules as set forth by the NCWA including the rules of competition and Code of Ethics within the NCWA, and that the wrestling team is an officially recognized activity at your institution.

(Administrator must be a full-time school employee responsible for the oversight authority of the NCWA program)

School Administrator's Name (Printed): _____

School Title: _____

School Administrator's Signature: _____

Date of Signature: _____

Payment Method: *(check method of payment)*

School Check enclosed - Check Number: _____ Amount: \$ _____

Personal Check enclosed - Name on Check: _____

Check Number: _____ Amount on Check: \$ _____

Credit Card Payment – fees plus Credit Card Processing Fee of \$15

Date when credit card payment was made: _____

Payment must be made 'on-line' at the team's secure page on the NCWA website