2011-2012 Membership Form

Team Membership

TEAM NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

_____

SCHOOL PHONE _____

COACH _____

HOME ADDRESS _____

_____

E-MAIL _____

PHONE _____

home cell

CO- or ASST. COACH _____

E-MAIL _____

I prefer mailings to my: _____ home address _____ school address

Corporate Membership/Board Member

NAME _____

ADDRESS _____

_____

E-MAIL _____

PHONE _____

home cell

****

Membership Dues:

$50.00 Team new*	_____
$30.00 Team renewal	_____
$150.00 Corporate	_____
Active Board Member	no fee
$20.00 each – additional copies of NDADD Coach Handbook	_____
TOTAL DUE WITH THIS FORM	_____

*New team membership dues include payment for the NDADD Coach Handbook.

Make check payable to NDADD and send it to:
Marcy Feickert
601 Hillview Place
Mandan, ND 58554

This form and full payment must be postmarked by October 1.
Only teams with paid memberships may attend the Fall Convention.