



CABMA MEMBERSHIP APPLICATION

_____ Individual Membership (\$150)

Individual memberships are for those institutions that sponsor three or fewer active members in our organization. Each membership is \$150. Please complete the information below for the primary (voting member) contact and list up to two other members in the space provided. All members will be listed in the directory and added to the CABMA Listserv.

_____ Institutional Membership (\$500)

Institutional memberships are for those institutions that would prefer to have more than three active members in our organization. An institutional membership is \$500 and can include as many active members as an institution would like. Please complete the information below for the primary (voting member) contact and list as many other active members as you would like in the space provided. If you have more than 5 active members, please provide the necessary information on a separate enclosure when you submit your application.

Primary Contact (voting delegate)

Name _____

Title _____ Institution _____

Mailing Address _____ City _____

State _____ Zip _____ Office Phone _____ Office Fax _____

E-mail Address _____ Years in CABMA _____

NCAA (Div. I) _____ (Div. II) _____ (Div. III) _____ NAIA _____ NJCAA _____ Other _____

Additional members:

	<u>Name/Title</u>	<u>Phone/E-mail Address</u>	<u>Years in CABMA</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Payment Information

I am paying by check _____ (Payable to CABMA)
 I am paying by credit card _____
 _____ Discover Card _____ MasterCard _____ AMEX
 _____ Visa (These are the only credit cards we accept.)
 Card Number _____
 Expiration Date _____
 Name on Card _____
 Authorized Signature _____

Fed ID No. 38-6107311

Please return application and dues to:

CABMA Membership

24651 Detroit Rd. ● Westlake, Ohio 44145

440-892-4000 ● 440-892-4007 (Fax)

Contact: Brian Horning ● bhorning@nacda.com