

NACDA Membership Application

FOOTBALL BOWL SUBDIVISION (formerly Division I-A)

- Group Membership for 15 people (\$1995.00) - Once the 15 spots are filled, each additional membership is \$395.00 per person

FOOTBALL CHAMPIONSHIP SUBDIVISION (formerly Division I-AA), DIVISION I (formerly Division I-AAA)

- Individual Membership (\$395.00) or
- Group Membership for 15 people (\$1,150.00) - Once 15 spots are filled, each add'l membership is \$395.00 per person

DIVISION II

- Individual Membership (\$195.00) or
- Group Membership for 15 people (\$775.00) - Once 15 spots are filled, each add'l membership is \$195.00 per person

DIVISION III, NAIA and CANADIAN

- Individual Membership (\$175.00) or
- Group Membership for 15 people (\$425.00) - Once 15 spots are filled, each add'l membership is \$175.00 per person

JUNIOR/COMMUNITY COLLEGES

- Individual Membership (\$125.00) or
- Group Membership for 15 people (\$425.00) - Once 15 spots are filled, each add'l membership is \$175.00 per person

* AFFILIATE/CONFERENCE/ASSOCIATION/BOWL

- * Individual membership (\$300) or
- * Group Membership for 15 people (\$1,995)

Primary Contact: _____ NCAA: _____ NAIA: _____
Title: _____ Div. I _____ NJCAA: _____
Institution: _____ Div. II _____ Other: _____
Mailing Address: _____ Div. III _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Office Fax: _____
E-mail Address: _____

Payment Information

I am paying by check _____ credit card _____
(Checks payable to NACDA)
____ Discover Card ____ MasterCard ____ Visa ____ AMEX
(only credit cards accepted)
Card Number: _____
Exp. Date: _____
Zip Code of billing address: _____ CVV: _____
Name on Card _____
Authorized Signature _____

Please return application and dues to:

NADIIIAA Membership
24651 Detroit Rd. • Westlake, Ohio 44145
440-892-4000 • 440-892-4007 (Fax)
Contact: Brian Horning • bhorning@nacda.com
website: www.nadiiiaa.org

Fed ID No. 41-090632

NACDA Membership Application

GROUP MEMBERSHIP

Group Membership in NACDA includes 14 individual memberships, in addition to the Director of Athletics. Each of the 15 members will receive our magazine, *Athletics Administration*. Please feel free to list your President, Faculty Rep. and any others you wish to be members and/or receive *Athletics Administration* (such as your University library).

Institution: _____

Mailing Address _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Department Secretary _____ **Phone:** _____

Please list the names and titles of your members, 15 total, below and provide the mailing address (if different than the university address), email address, phone number, and fax number for any member whose information differs from that listed above.

(1) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(6) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(2) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(7) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(3) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(8) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(4) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(9) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(5) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

(10) _____
(Name & Title)

(Mailing Address)

(Phone) _____ (Fax) _____

(E-mail)

NACDA Membership Application

(11) _____
(Name & Title)

(Mailing Address)

(Phone) (Fax)

(E-mail)

(12) _____
(Name & Title)

(Mailing Address)

(Phone) (Fax)

(E-mail)

(13) _____
(Name & Title)

(Mailing Address)

(Phone) (Fax)

(E-mail)

(14) _____
(Name & Title)

(Mailing Address)

(Phone) (Fax)

(E-mail)

(15) _____
(Name & Title)

(Mailing Address)

(Phone) (Fax)

(E-mail)

Please return form to:

**NACDA Membership
24651 Detroit Road
Westlake, OH 44145**

or Fax to 440-892-4007