

# NATIONAL COLLEGIATE WRESTLING ASSOCIATION 2014-15 SEASON --



## DIVISION 2 - EMERGING PROGRAMS RENEWAL APPLICATION & INVOICE MEN'S DIVISION *(for Active D2 Members Only)*

### Team Membership Renewal Fee -- \$ 400.00

**Membership Fee Due between: April 15<sup>th</sup> – October 15<sup>th</sup> - amount due \$400**

*Late Fee #1: October 16<sup>th</sup> -- October 31<sup>st</sup> -- add \$50 .....amount due \$450*

*Late Fee #2: November 1<sup>st</sup> -- November 30<sup>th</sup> -- add \$100 .....amount due \$500*

*Late Fee #3: December 1<sup>st</sup> -- December 31<sup>st</sup> -- add \$150.....amount due \$550*

*Late Fee #4: January 1<sup>st</sup> -- February 1<sup>st</sup> -- add \$200.....amount due \$600*

**No Membership Renewals accepted after February 1, 2015**

**All fees / fines must be paid by February 1, 2015**

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

*This will establish your NCWA Compliance web page. - Please use the FINE setting on your fax machine.*

**--- Or electronically scan the form and EMAIL form to: [lelan@ncwa.net](mailto:lelan@ncwa.net)**

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

NCWA  
8737 Grenadier Drive  
Dallas, TX 75238-3819

**Step #3 -- If payment is by check, MAIL the payment 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: \_\_\_\_\_ School Mascot: \_\_\_\_\_

Activities Coordinator of School: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Coordinator's Title: \_\_\_\_\_ e-mail: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Compliance Officer's e-mail: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Head Wrestling Coach: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Coach's e-mail: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

First Aid Certification Date: \_\_\_\_\_ CPR Certification Date: \_\_\_\_\_

Wrestling Team President: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Team President's e-mail: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

First Aid Certification Date: \_\_\_\_\_ CPR Certification Date: \_\_\_\_\_

Please Print

Page 2 of 2

Mailing Address for all Correspondence: Send To (*person*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Note: All four (4) signatures are required in order for Application to be valid**

The undersigned School Administrators, and Team Officers, state 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 applying school will abide by all rules and regulations as set forth in the currently published NCWA Wrestling Plan, which may include, but are not limited by, NCAA applicable rules. Your Signature on this application signifies that the wrestling team is an officially recognized activity at your institution and that the applying school officials listed below have read, and will comply with, the rules as set forth by the NCWA including the rules of competition and Code of Ethics within the National Collegiate Wrestling Association. The currently published NCWA Wrestling Plan can be found at:

**[www.ncwa.net](http://www.ncwa.net)**

*Activities Coordinator must be the school employee responsible for the oversight authority of the wrestling program;  
All Signatures below must correspond to the names submitted above on Page 1*

Activities Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

*Credit card payment must be made 'on-line' at the team's secure page on the NCWA website*

**Note: The "School Code" for registering wrestlers is not granted until the NCWA has received this completed Application and full membership payment. The Code will be sent to the email address as listed on the website under the Coach's name. Be sure that the email address is current. Individual Wrestler Electronic Registration begins 9/1/14 and terminates 2/8/15.**