

NATIONAL COLLEGIATE WRESTLING ASSOCIATION

-- 2014-15 SEASON --



TEAM MEMBERSHIP RENEWAL APPLICATION & INVOICE WOMEN'S DIVISION *(for Active Members Only)*

Team Membership - Renewal Fee -- \$ 200.00

Membership Fee Due between: April 15th to February 15th - amount due \$200

No Membership Renewals accepted after February 15, 2015

All fees / fines must be paid by February 15, 2015

Step #1 -- Complete this Application and FAX 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

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

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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 on:

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.

Wrestler Registration begins 9/1/14 and terminates 2/8/15.