

2009-10 NFHCA Membership Application

Member # _____
(for office use only)

Name _____

Institution _____

Institution Address _____

City _____ State _____ Zip Code _____

Institution Phone _____ Fax _____

Email Address _____

Sports Information Contact (Head Coaches only) _____

SID Email Address (Head Coaches only) _____

<u>Membership Category (check one)</u>	<u>Dues</u>	<u>Membership Category (check one)</u>	<u>Dues</u>
____ Division I – Head Coach	\$200.00	____ Division I – Assistant Coach	\$100.00
____ Division II – Head Coach	\$150.00	____ Division II – Assistant Coach	\$75.00
____ Division III – Head Coach	\$150.00	____ Division III – Assistant Coach	\$75.00

Payment Options (check one)

____ I am paying for my 2009-10 membership with the enclosed check / money order made payable to NFHCA.

____ I would like the NFHCA to charge the Visa / Mastercard listed below for the full cost of my 2009-10 membership.

Credit Card # _____ Expiration Date: _____

Name on the Card _____

Signature _____

Memberships must be renewed by September 30th for your institution to be eligible to participate in all NFHCA sponsored programs.

Please mail, fax or email all forms and payments to:

NFHCA ♦ P O Box 13289 ♦ Chandler, AZ 85248
Fax: 480-895-5818 ♦ Email: executivedirector@nfhca.org