



2018-2019 Membership Form

SCHOOL _____
TEAM NAME _____

COACH _____
PHONE _____
E-MAIL _____
NUMBER OF YEARS COACHING, including the current season _____

CO- or ASST. COACH _____
PHONE _____
E-MAIL _____
NUMBER OF YEARS COACHING, including the current season _____

ATHLETIC DIRECTOR'S EMAIL (optional, if you would like him or her to receive the NDADD weekly email) _____
TEAM MAILING ADDRESS _____

- _____ Yes, our coaches are attending Fall Convention (\$25 per team)
Number of coaches attending from our team: _____
- _____ No, our coaches are not attending Fall Convention
- _____ Our coaches are undecided about attending Fall Convention

Membership Dues:

\$50 team membership	_____
\$150 corporate membership	_____
\$25 individual member (judge)	_____
\$0 non-coaching active board member	_____
\$25 team Fall Convention fee, unlimited number of coaches	_____
Total due	_____

Make check payable to NDADD and send it to:
Meghan Vollrath
1731 21st Ave. NE
Grand Forks, ND 58203

This form and full payment must be postmarked by October 1.