



# 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

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**Membership Dues:**

\$50 team membership	_____
\$500 corporate sponsor	_____
\$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.**