

NCSAA Homeschool Group Membership Application Form

Application Date: Which of the following best describes your group: Mich of the following best describes your group: Address, Line 1: Address, Line 1: Address, Line 2: City: State: Contact Person's E-mail Address: Web Site: Contact Person's E-mail Address: Fax Number: Contact Person's E-mail Address: Fax Number: Contact Person's E-mail Address: Fax Number: Web Site: Contact Person's E-mail Address: Fax Number: Contact Person's E-mail Address: Fax Number: Assistant Coach: Fax Number: Web Phone Number: Assistant Coach: Assistant Coach's E-mail Address: We hereby apply for NCSAA membership and will adhere to all NCSAA membership procedures. Name of Authorized Signer: Position of Authorized Signer: Position of Authorized Signer: Signature: MEMBERSHIP APPLICATION PROCEDURES: * No membership will be approved until application and membership dues are received. * Annual memberships begin on September I and end on the last day of August. * New member groups will be contacted after their membership applications have been reviewed and accepted. * Member groups grant permission for their information to be published in NCSAA directories and on the web site. (Specific contact e-mail addresses-will not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in NCSAA directories and on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in NCSAA directories and on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site. (Specific contact e-mail address-wolf not be published in any directory or on the web site.						
Name of Group: Address, Line 1: Address, Line 2: Equal Number: Fax Number:	Application Date:			Effective Date:		
Address, Line 1: Address, Line 2: City: State: Zip Code: Phone Number: Fax Number: Web Site: General E-mail Address: ** Nomeschool co-ops and support groups.** ** Contact Person's E-mail Address: ** Assistant Coach's Home Phone Number: ** Assistant Coach's Home Phone Number: ** Assistant Coach's Home Phone Number: ** Assistant Coach's E-mail Address: ** Ort: ** Level: High School / Junior-High / Elementary Boys or Girbs? Boys Girls Co-Ed ** We hereby apply for NCSAA membership and will adhere to all NCSAA membership procedures. ** Name of Authorized Signer: ** Position of Authorized Signer: ** Position of Authorized Signer: ** No membership will be approved until application and membership dues are received. ** Annual memberships hegin on September I and end on the last day of August. ** New member groups will be contacted after their membership applications have been reviewed and accepted. ** Member groups grant permission for their information to be published in any directory or on the web site. (Specific contact—e-mail addresses*** Ill nor be published in any directory or on the web site.) ** Homeschool group membership rate: \$150 per year **Mail your application, along with payment (checks made out to NCSAA), to: **NCSAA** **2105 Clayton Road** **Beaver Falls, PA 15010						
Address, Line 2: City: State: Fax Number: Web Site: General E-mail Address: Fax Number: Contact Person's E-mail Address: Contact Person's E-mail Address: Contact Person's E-mail Address: Contact Person's E-mail Address: Inter Person's Daytime Phone: Contact Person's E-mail Address: Contact Person's E-mail Address: Inter Person's Daytime Phone: Contact Person's E-mail Address: Assistant Coach's E-mail Address: Assistant Coach's Home Phone Number: Assistant Coach's Home Phone Number: Assistant Coach's E-mail Address: Assistant Coach's E-mail Address: Assistant Coach's E-mail Address: Cort: Level: High School / Junior-High / Elementary Boys or Girls? We hereby apply for NCSAA membership and will adhere to all NCSAA membership procedures. Name of Authorized Signer: Position of Authorized Signer: Signature: *Neme member groups will be contacted after their membership applications have been reviewed and accepted. *New member groups will be contacted after their membership applications have been reviewed and accepted. *Member groups grant permission for their information to be published in NCSAA directories and on the web site. (Specific contact e-mail addresses:*********************************	Name of Group:					
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			2105 Clay	ton Road		
	Phor	ne: 724-846-2764	E-mail: nhartman	@ncsaa.org We	b: http://www.ncsaa.or	g