FAAD ORGANIZATION/TEAM MEMBERSHIP FORM

NAME OF ORGANIZATION (CLUB) OR INDEPENDENT TEAM

Club/Team Name: ____________________________________________________________
Contact Name: ______________________________________________________________
Address: __________________________________________________________________
City/State/Zip: ______________________________________________________________

OFFICERS AND/OR COACHES
(Officers: President, Secretary or Athletic Director. Coaches: Head Coach and Manager)

Title: ____________________________________________  Title: _______________________
Name: ____________________________________________  Name: _______________________
E-Mail: ____________________________________________  E-Mail: ______________________
Text number: ______________________________________  Text number: __________________

PARTICIPATING SPORTS TEAM(S)

<table>
<thead>
<tr>
<th>Men’s</th>
<th>Women’s</th>
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<tbody>
<tr>
<td>☐ Basketball</td>
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FAAD Organization/Team Membership Fee - $25.00, non-refundable (includes in Team Entry Fee)

Sign Here: I declare that the above is true, correct, and complete:

___________________________________________________________
Officer/Coach/Manager Signature

Email the Organization Membership Form: Secretary Larry DeVenny, secretary@faad.org

Note: For Organizations with more than one team, your organization are required to pay **one-time $25.00 Membership Fee**. Please give a **money order** payable to **Steven Mutti** with FAAD in the memo line to a **FAAD officer** or make the payment via PayPal by using this email address: stevenmutti@icloud.com in the amount of **$25.00**.