



FAAD

Farwest Athletic Association of the Deaf

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)

	Men's	Women's
Basketball:	<input type="checkbox"/>	<input type="checkbox"/>

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**.