

NCISAA TFCCCA

(North Carolina Independent School Athletic Assn. Track and Field/Cross Country Coaches Assn.)

Membership Application for _____ - _____ School Year

Name, if registering individual coach: _____

Coaches on coaching staff if registering multiple coaches / full coaching staff:

School: _____

Annual Membership \$25.00/member x _____, Total: \$_____

Make Payment to: NCISAA

*Please put "NCISAA TFCCCA" on the memo line of your check

Mail Payment to: NCISAA TFCCCA

Attn: Homar Ramirez

5555 Concord Parkway South, Suite 408

Concord, NC 28027

For official use only: Date Received: _____ Amount received: \$_____

Check Number: _____ Treasurer Initials: _____