

NATIONAL COLLEGIATE WRESTLING ASSOCIATION  
2018-19 SEASON



RENEWAL APPLICATION & INVOICE  
WOMEN'S DIVISION - *with MEN'S PROGRAM*  
Renewal Membership Fee -- \$ 315.00

Membership Renewal Fee Due between: April 15<sup>th</sup> - December 31<sup>st</sup> - amount due \$315  
Late Fee: January 1<sup>st</sup> -- add \$100 ..... amount due \$415

- Step # 1 -- Complete this Application using computer, print form and have it signed as indicated
- Step # 2 -- Scan & Upload this signed application showing administrative signatures on your NCWA Team Webpage
- Step # 3 -- Select payment method: Online by credit card / debit card or a Check to be mailed with copy of form  
*Payment by check - Mail to: NCWA – 8737 Grenadier Drive – Dallas, TX – 75238-3819*

MEMBERSHIP INFORMATION: ( enter data using computer only )

School's Full Name: \_\_\_\_\_

Mailing address for Head Coach: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Activities Coordinator of School: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Coordinator's Title: \_\_\_\_\_ Cell: \_\_\_\_\_

Coordinator's Email: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Compliance Officer's e-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Head Wrestling Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach's e-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Wrestling Team President: \_\_\_\_\_ Phone: \_\_\_\_\_

Team President's e-mail: \_\_\_\_\_

Team S.I.D.: \_\_\_\_\_ Phone: \_\_\_\_\_

S.I.D.'s email: \_\_\_\_\_

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Membership in the NCWA implies that the applying school will abide by all rules and regulations as set forth in the currently published NCWA Wrestling Plan, which may include, but are not limited by, NCAA applicable rules. Your Signature on this application signifies that the wrestling team is an officially recognized activity at your institution and that the applying school officials listed below have read, and will comply with, the rules as set forth by the NCWA including the rules of competition and Code of Ethics within the National Collegiate Wrestling Association. The currently published NCWA Wrestling Plan can be found on: [www.ncwa.net](http://www.ncwa.net).

Activities Coordinator must be a school employee responsible for the oversight authority of the wrestling program and who testifies that the wrestling program is not currently under any disciplinary restrictions. All Signatures below must correspond to the names submitted above – **All signatures must be real – not digital**

Activities Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_