

**AFFILIATE
ORGANIZATION**

**MEMBERSHIP
FORM**



Sports Organization Name: _____

Website: _____

Phone: _____

Address: _____

City, State, Zip _____

Organizational Structure/ Leadership:

501C3 Organization? Yes ___ No ___ Other _____

Primary Contact Name: _____

Title/Role in Organization: _____

Contact Phone: _____

Contact E-mail: _____

Secondary Contact Name: _____

Title/Role in Organization: _____

Contact Phone: _____

Contact E-mail: _____

Description of Organization (type of sport played, main activities, etc.)

Approximate number of female participants each year: _____

Approximate amount of scholarships (in dollars) requested each year: _____

Thanks! That's it - just mail this complete form to the address below.