



# NSCAA Corporate Membership Enrollment Form

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

How did you learn about NSCAA's Corporate Membership Program?  
\_\_\_\_\_

Have you exhibited at an NSCAA Convention?  Yes  No

If yes, approximately how many years? \_\_\_\_\_

Which category would you prefer for your listing in the NSCAA Corporate Business Directory on NSCAA.com?

(select only one)

- Apparel  Footwear  Equipment  Balls  
 Insurance  Fundraising  Facilities  Camps  
 Tournaments  Software  Internet/Web Services  
 Awards/Specialty Products  Books and Videotapes  
 Nutritional/Medical/Fitness Products

Other \_\_\_\_\_

Website URL \_\_\_\_\_

Can we link to your company's website?  Yes  No

## Payment Information

Corporate Membership (\$800).....\$ \_\_\_\_\_

Optional contribution to the NSCAA Foundation  
supporting Special Olympics, inner-city soccer  
programs and other deserving efforts.....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_

Method of Payment:  Check or Money Order (enclosed)

Credit Card:  Visa  MasterCard  
 Discover  American Exp

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_

Signature \_\_\_\_\_