

**Team Application for Membership to the  
US Lacrosse Women's Collegiate Lacrosse Associates**



**Due Date: Postmarked by November 10, 2016**

*(Preferred: Mail payment with application in ONE envelope)*

College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

League (circle one) MAWLL NCWLL NEWLL NWWLL RMWLL SWLL TWLL WCLL WWLL None

Division (circle one) Division 1 Division 2

**Level of Membership for Application**

Full Member (\$400 Dues)

Provisional Member (\$175)#

#Provisional members are not eligible for WCLA Nationals, post-season awards, although they are eligible for rankings.

**CONTACT INFORMATION**

All fields in BOLD are mandatory – Please print CLEARLY or Type

**PRIMARY CLUB CONTACT**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**Position on club** (i.e. capt., coach, pres, etc.) \_\_\_\_\_ **US Lacrosse Member #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ (APT, Room, etc) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Secondary Club Contact** \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**Position on club** (i.e. capt., coach, pres, etc.) \_\_\_\_\_ **US Lacrosse Member #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ (APT, Floor, etc) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

(Club Sports Dir does not have to join US Lacrosse)

**CLUB INFORMATION**

**Number of years your club has existed** \_\_\_\_\_ **Number of players on roster/email list** \_\_\_\_\_

**Team website** \_\_\_\_\_

**Team email** \_\_\_\_\_

**Non-player Coach's Name** \_\_\_\_\_

**Non-player Coach's email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Approximately how many games do your team play each Spring?** \_\_\_\_\_ **Fall?** \_\_\_\_\_

