

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

Due Date: Postmarked by December 1, 2015

(Preferred: Mail payment with application in ONE envelope)



College/University _____ City _____ State _____

League _____ Division (I or II) _____

Level of Membership for Application

Full Member (\$350 Dues)

Provisional Member (\$175)*

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

CONTACT INFORMATION

NAME OF PRIMARY CLUB CONTACT (MANDATORY) * _____

Position on club (i.e., captain, coach, pres, etc.) _____ E-mail _____

Mailing Address _____ (Suite, Floor, etc) _____

City _____ State _____ Zip _____ Cell phone _____

US Lacrosse Membership number _____ Expiration date: _____

Name of Second Club Contact _____

Position on club (i.e., coach, captain, club sports dir, etc.) _____ E-mail _____

Mailing Address _____ (Suite, Floor, etc) _____

City _____ State _____ Zip _____ Cell phone _____

US Lacrosse Membership number _____ Expiration date: _____

(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 _____

Number of players you take to home games _____ away _____ Do you have JV/B/C team(s)? (list all) _____

Team website _____

Team email (if you have one) _____

Does your team have a non-playing coach? Name _____

Coach's email _____ Cell Phone _____

Approximately how many games do your team play each Spring? _____ Fall? _____

