



# AFCA-AFCF MEMBERSHIP APPLICATION AND CONVENTION PRE-REGISTRATION



## IMPORTANT!

The pre-registration deadline is December 10, 2020. Any submissions after that date must be made on site at the convention at higher fees and ticket prices. Visit [www.AFCA.com](http://www.AFCA.com) to submit online.

### PERSONAL INFORMATION

|  |       |  |         |
|--|-------|--|---------|
| Membership Status: <input type="checkbox"/> New <input type="checkbox"/> Renewing (Member # _____) |       | Send Mail to: <input type="checkbox"/> Home Address <input type="checkbox"/> Team/School Address |         |
| First Name   |       | Nickname   |         |
| Middle Name  |       | Last Name  |         |
| Home Address   |       |  |         |
| City   | State | Zip  | Country |
| Home Phone   |       | Cell Phone   |         |
| Personal E-mail  |       | Birthdate (MM/DD/YYYY)   |         |

### TEAM/SCHOOL INFORMATION

|  |       |               |            |
|--|-------|---------------|------------|
| Coaching Status (Check One) <input type="checkbox"/> Currently Coaching <input type="checkbox"/> Retired <input type="checkbox"/> In Transition  |       |               |            |
| Division (Check One) <input type="checkbox"/> NCAA DI FBS <input type="checkbox"/> NCAA DI FCS <input type="checkbox"/> NCAA DII <input type="checkbox"/> NCAA DIII <input type="checkbox"/> NAIA <input type="checkbox"/> JUCO <input type="checkbox"/> HS <input type="checkbox"/> PRO |       |               |            |
| Team/School Name   |       |               | Department |
| Mailing Address  |       |               |            |
| City   | State | Zip           | Country    |
| Shipping Address (if different from mailing)   |       |               |            |
| City   | State | Zip           | Country    |
| Office Phone   |       | Direct Phone  |            |
| Office Fax   |       | Office E-mail |            |
| Coaching Position  |       | Previous Team |            |

### MEMBERSHIP AND EVENT CHARGES (All fees in USD)

|                                      | Price | Quantity | Amount                  | Membership Dues                                | Convention Fee   |
|--------------------------------------|-------|----------|-------------------------|--|--|
| Membership Dues (includes AFCF fee)  |       | N/A      |                         | FBS Head Coaches . . . . . \$200               | 7/1 to 8/31 . . . \$15   |
| Foundation Donation                  |       | N/A      |                         | FBS Assistant Coaches (countable) . . . \$100  | 9/1 to 10/31 . . \$30  |
| Convention Fee                       |       | N/A      |                         | FBS Other Coaches . . . . . \$150              | 11/1 to 12/10 . \$40   |
| Honors Luncheon Tickets <sup>+</sup> | \$ 25 |          |                         | FCS, DII, DIII, NAIA, JUCO, HS . . . . . \$60  | At Convention \$60   |
|                                      |       |          |                         | Pro, CFL, Arena, Pro Scouts . . . . . \$60     | <b>Life Members<br/>are Exempt from<br/>Membership Dues<br/>&amp; Convention Fees.</b> |
|                                      |       |          |                         | Not currently coaching this season . . . \$200 |  |
|                                      |       |          |                         | International . . . . . \$100                  |  |
|                                      |       |          |                         | Other . . . . . \$200                          |  |
|                                      |       |          | <b>TOTAL AMOUNT DUE</b> |  |  |

<sup>+</sup> After Dec. 10, Honors Luncheon Tickets must be purchased on site at \$30 each.

|              |  |  |                        |                                     |
|--------------|--|--|------------------------|-------------------------------------|
| Payment Type | <input type="checkbox"/> Cash  | Check: <input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal | Check #: _____         | <b>Make checks payable to AFCA.</b> |
|              | Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover |  | Cardholder Name: _____ |                                     |
|              | Card Number: _____   |  | Expiration Date: _____ | CVV: _____                          |

Submission of this form constitutes an agreement for the member to abide by the AFCA Constitution, Bylaws, and Code of Ethics. AFCA reserves the right to adjust payment amounts if incorrect classification or payment is given. No refund will be given on membership dues, Convention fee, or tickets.

Application/Card Signature \_\_\_\_\_