

School Year 20__ - 20__



Name _____

School _____

Address _____

Phone (H) _____

Phone (307) _____

(Cell) _____

***Date of Birth: _____

***SS # _____

***Smoker: YES NO

E-mail Address: _____

Years as Athletic Director: _____(please list – important for recognition)

*** Are for Insurance Purposes

Benefits of the NIAAA:

\$2500 Life Insurance

\$2Mil Liability Insurance

LTC Courses at Reduced Rates

IAA Magazine

National Conference

National Certification

Benefits of WIAAA:

Award Eligibility

LTC Prof. Development

Conferences –WCA/WIAAA

Networking w/ State ADs

Leadership Opportunities

Scholarship Opportunities