



Instruction Sheet

Adult

THANK YOU for requesting membership forms! We very much appreciate your participation in our membership program. With your support and involvement US Lacrosse can achieve its mission and vision.

To insure all membership applications are processed in a timely and efficient manner, please adhere to the following guidelines:

- All forms **MUST** be signed correctly! (18 and over requires participants signature, under 18 requires a parent signature) Signatures are most critical. Membership applications will not be processed without a signature, which means no insurance.
- A completed **roster**, program/team name, contact person, address and telephone number must accompany returned forms and total payment. **Any discrepancies in membership status will not be the responsibility of US Lacrosse if a roster is not submitted.**
- One check from your organization must be enclosed. The number of forms and their membership category should equal the amount of the check. Use the chart below to assist you in your organization. Forms with partial payment will not be processed.
- Forms should be divided by type of membership (players, coaches, etc.).
- **Faxed forms are not permitted and will not be processed!**

The Membership Service Center is here to assist you with other questions or concerns. Feel free to contact the Membership Service Center at 410.235.6882 x102 or membership@uslacrosse.org. Again, thank you for your support of US Lacrosse. Your dedication is critical to the growth of the sport!

Program Administrator Check List (*Did you remember to...*)

- make sure all the forms are signed correctly, (under 18 requires a parent signature)?
- divide the forms into separate membership categories?
- complete the information grid at the bottom of this sheet accurately?
- make sure payment enclosed matches the correct payment due?
- include an accurate roster with the names of the players included with this submission?
- include any and all contact information and supply one, consistent team name for the group?
- enclose a cover sheet with any important information you would like us to know?
- request a list of names after the group is processed if you need one?

Mail Forms to:
113 West University Parkway
Baltimore, MD 21210
Attention:
Membership



1. Team Name / League: _____ 6. Phone: _____
 2. Contact: _____ 7. E-mail: _____
 3. Position: _____
 4. Address: _____

 8. Check if you would like membership numbers e-mailed to you after applications are processed.

_____ x **\$50** = _____
 5. Number of Adult Members Cost Total Cost of Adult Forms

INSTRUCTIONS FOR EACH NUMBER ON CHART

(1) Team Name: The consistent name used when submitting all membership forms, requesting a certificate of insurance or requesting a list of players and membership numbers.

(1b) League: Also the consistent name...

(2) Contact: Name of the person submitting the packet of forms that we can contact in the event there is a problem with the reconciliation of the group.

(3) Position: The role you hold with in your team: president, treasurer, parent volunteer, etc.

(4) Address: Where we can mail future correspondence such as the Program Administrator thank you mailing.

(5) Number of Adult Members: Total number of individuals 18 years old and up. Includes all participation categories of head coach, assistant coach or combination of coach, player and/or official.

(6) Phone: Number we can reach you at during the day to resolve any issues with your group.

(7) Email: E-mail address we can send you a confirmation we received your group and where we will send a list of membership numbers once the applications have been processed.

(8) Check Box: (Check if you would like membership numbers e-mailed to you after applications are processed) select this box if you would like to have an updated list of membership numbers e-mailed to you. The list would include any current members previously submitted and the applications submitted with this instruction sheet.

Team Name / League: _____ ①

Contact: _____ ②

Position: _____ ③

Address: _____ ④

_____ ⑤

Number of Adult Members

x \$50 =

Cost

Phone: _____ ⑥

E-mail: _____ ⑦

Check if you would like membership numbers e-mailed to you after applications are processed. ⑧

_____ Total Cost of Adult Forms