

MARYLAND STATE ATHLETIC DIRECTORS ASSOCIATION

2023-24 MEMBERSHIP APPLICATION & RENEWAL FORM

Join or Renew Online www.msada.finalforms-amp.com

Or

if you need to mail in your membership

Please print or type; make sure you include home, school addresses and your e-mail addresses. Complete all information for each individual and send in all completed forms attached to one check

Name _____ Certification CMAA _____ CAA _____ RAA _____ RMSAA _____

School _____ School Address _____

City/St _____ Zip _____ AD's Office Phone _____

School E-Mail Address _____

Home Address _____ City/St _____ Zip _____

Home Phone _____ Home E-Mail Address _____

The newsletter will be emailed, unless indicated. US Mail, please check

MSADA Dues only Number of Years as an Athletic Administrator _____ (include 2023/24 school year)

_____ **\$30.00** Regular _____ New _____ Renewal
For all active athletic directors, activities directors, and athletic administrators in public and private schools

_____ **\$10.00** Retired _____ New _____ Renewal **\$40.00 includes retired NIAAA Membership**
For all retired athletic directors, activities directors and athletic administrators

_____ **\$60.00** **School Membership Package**
For athletic director; up to two assistant athletic directors and the principal
List names: AD _____
Asst AD _____
Asst AD _____
Principal _____

_____ **\$25.00** Associate _____ New _____ Renewal
For assistant athletic directors, principals, assistant principals, coaches, college students, athletic trainers or anyone involved in interscholastic athletics in public and private schools

MSADA/NIAAA DUAL MEMBERSHIP

_____ **\$105.00** membership in the Maryland State Athletic Director Association (\$25, a **\$5 discount**) and the National Interscholastic Athletic Administrators Association (\$80)

or

_____ **\$120.00** for school membership package (**NIAAA/MSADA membership for AD only**, MSADA membership for two Asst. ADs and Principal) **Enter names on above lines**

New _____ Renewal _____ if so, Membership Card Number _____

Information Needed for NIAAA Life Insurance Purposes:

Birthdate _____ Male _____ Female _____

Amount Enclosed: \$ _____ Make checks payable to the **MSADA**

Mail to: MSADA
5467 Gloucester Road
Columbia, MD 21044

MSADA Endowment Contribution \$ _____