



North American Fastpitch Association NAFA Membership Application

TEAM INFORMATION

Circle Age

Team Name: _____ Age Group: 10 / 12/ 14/ 16/ 18

League or Region _____

Coach Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Coach Phone / E-Mail:

Ass't Coach Phone / E-Mail:

Home): (____)____-_____

Home): (____)____-_____

Work): (____)____-_____

Work): (____)____-_____

E-Mail: _____

E-Mail: _____

\$30.00 Membership Fee Per Team Expiration Date: 12-31-12

Make check payable to NAFA and mail to:

Ed Serdar
22519 W Renwick Road
Plainfield, Illinois 60544

815.953-2314 Cell

or

sharkeed13@yahoo.com