

AFCA MEMBERSHIP APPLICATION AND CONVENTION PRE-REGISTRATION



IMPORTANT!

The pre-registration deadline is December 10, 2021. Any submissions after that date must be made on site at the convention at higher fees and ticket prices. Visit www.AFCA.com to submit online.

| PERSONAL INFORMATION | | | | | | | |
|--|--|-----|------------|---------|--|--|--|
| Membership Status: 🗌 New 🗌 Re | Send Mail to: 🗌 Home Address 🗌 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) 🗌 Currently Coaching 🗌 Retired 🗌 In Transition | | | | | | | |
| Division (Check One) | NCAA DII 🗌 NCAA DIII 🗌 | | 🗌 HS 🗌 PRO | | | | |
| Team/School Name | Department | | | | | | |
| Mailing Address | | | | | | | |
| City | State | Zip | | Country | | | |
| Shipping Address (if different from ma | iling) | | | | | | |
| 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 | 7/1-7/31\$15 | | | |
| Foundation Donation | | N/A | | FBS Assistant Coaches (countable)\$100FBS Other Coaches\$150 | 8/31-10/31\$30 11/1-12/10\$40 | | | |
| Convention Fee | | N/A | | FCS, DII, DIII, NAIA, JUCO, HS \$60 | | | | |
| Honors Luncheon Tickets⁺ | \$ 25 | | | Pro, CFL, Arena, Pro Scouts \$60 | Life Members | | | |
| After Dec. 10, Honors Luncheon Tickets must be purchased on site at \$30 each. | | | | Not currently coaching this season \$200 International | | | | |

| | Cash Check: Business School Personal Check #: | Make checks payable to AFCA. |
|---------------------------|---|------------------------------|
| Payment Type | Credit Card: Visa MC AmEx Discover Cardholder Name: | |
| 3 1 ¹ - | 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 _

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