

**NEW MEXICO ATHLETIC DIRECTOR'S ASSOCIATION
MEMBERSHIP FORM – 2010-11 SCHOOL YEAR**

PLEASE PRINT

NAME _____

Last Name

First

Middle Initial

SCHOOL: _____

SCHOOL PHONE: _____

SCHOOL ADDRESS: _____

SCHOOL FAX: _____

CITY: _____

STATE: _____

ZIP: _____

E-MAIL: _____

CELL: _____

PLEASE INDICATE YOUIR GENERAL AREA OF RESPONSIBILITY:

_____ Senior High School Only

_____ MS/JH Only

_____ Retired

_____ Senior High and MS/JH

_____ City/District System

_____ Other

PRINCIPAL: _____

SUPERINTENDENT OF SCHOOLS: _____

**MEMBERSHIP FEES: \$40.00 (active H.S.) \$20.00 (MS/JH/Retired) \$50.00 (Lifetime-Retired)
PLEASE MAKE P.O.'s AND CHECKS PAYABLE TO NMAA.**

Please note any suggestions for NMADA Board/General Meeting: _____

Please note any suggestions for NMADA/NMAA Workshops: _____

Please note any suggestions for NMADA/NIAAAA LTC Courses: _____

Please note any other suggestions for NMADA : _____

Mail to NMADA Executive Director:
(Checks & PO's to "NMAA")

**SCOTT EVANS
NMADA
6600 PALOMAS NE
ALBUQUERQUE, NM 87109**