



Women's Flat Track Derby Association: Membership application (PDF Version)

DIRECTIONS

1. Fill in all fields. Incomplete applications will not be reviewed.
2. Instructions for sending to WFTDA
 - a. Make a copy of your materials for you to keep.
 - b. It is recommended that you scan in your signed application and confidentiality agreement and email it to membership@wftda.com.
3. You will also need to snail mail a hard copy of the application with signatures, the application fee, and the signed WFTDA Confidentiality Agreement to:
WFTDA
c/o Charla Maim
PO Box 300266
St. Louis, MO 63130
4. If you have not heard back from WFTDA within 2 weeks of turning your application materials in, please contact membership@wftda.com.

Check List

- Application filled in, signed, & notarized
- 147C letter
- Confidentiality agreement signed
- 3 letters of reference send to membership@wftda.com
- \$75 application fee
- 2 copies of each document—one for you & one for WFTDA

Review process

The review process of your application will not begin until your application fee has been received. If your area representative who is reviewing your application has questions, they will either visit your league or call you. If a visit to your league is not necessary and all questions can be answered, you will be notified within one month of WFTDA receiving your application fee if you have been accepted to WFTDA or if there are additional requirements that you need to meet before being accepted.

SECTION 1: LEAGUE INFORMATION

Official league name:

Mailing address:

City:

State/ Province:

Country:

Website address:

1. Month and year league was established: / 20
2. Number of active skaters in the league:

If you have registered the league as an official business, please, complete the following information. If you have not yet registered the league as an official business, please complete the following as you intend to register.

1. This information is provided based on actual filings:

- Yes
- No, intend to

2. Official business name as registered with the state:

3. Other Business DBAs:

4. League tax ID number.

Please attach a 147C letter to this application. (This letter can be faxed to you from the IRS to verify your federal tax ID. The IRS can be contacted at 1-800-829-4933 or visit their Website at: <http://www.irs.gov/>. IRS also offers email on their Website. Use the following link: <http://www.irs.gov/help/page/0,,id=120294,00.html>)

5. Type of entity:

- LLC
- Non-profit
- Sole ownership
- Corporation

SECTION 2: CONTACT INFORMATION

1. Primary contact person

Legal name: Derby name:
Position in league: Email address:
Daytime phone: Cell phone:
Mailing address:
City: State/ Province:
Zip/ Postal code: Country:

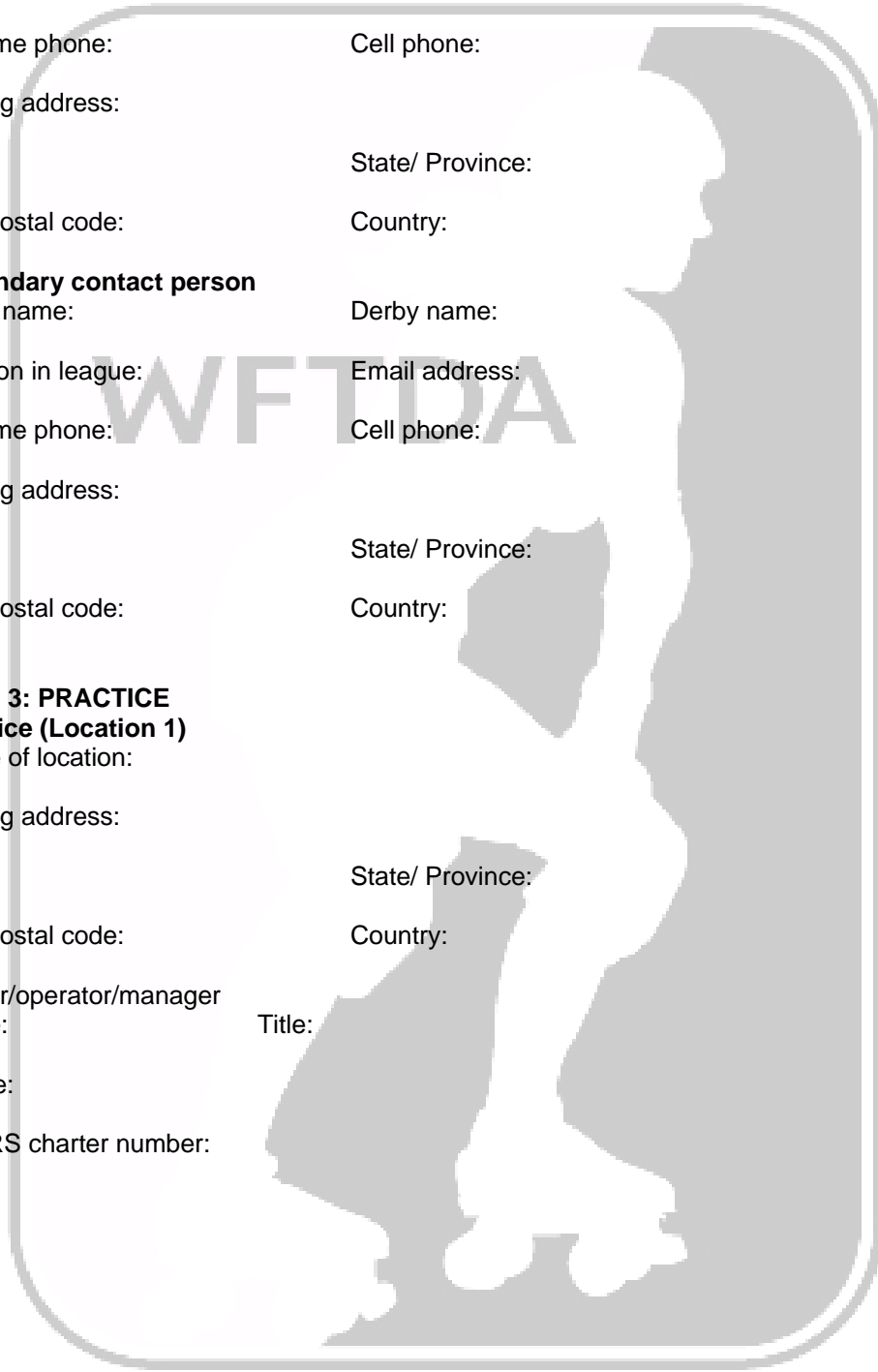
2. Secondary contact person

Legal name: Derby name:
Position in league: Email address:
Daytime phone: Cell phone:
Mailing address:
City: State/ Province:
Zip/ Postal code: Country:

SECTION 3: PRACTICE

1. Practice (Location 1)

Name of location:
Mailing address:
City: State/ Province:
Zip/ Postal code: Country:
Owner/operator/manager
Name: Title:
Phone:
USARS charter number:



2. Practice (Location 2; if applicable)

Name of location:

Mailing address:

City:

State/ Province:

Zip/ Postal code:

Country:

Owner/operator/manager
Name:

Title:

Phone:

USARS charter number:

SECTION 4: BOUT VENUE

Name of location:

Mailing address:

City:

State/ Province:

Zip/ Postal code:

Country:

Owner/operator/manager

Name:

Title:

Phone:

USARS charter number:

1. Venue capacity:
2. Average or anticipated fan base:
3. Do your venue and practice spaces have USARS insurance and sanctioning?

- Yes
 No

4. Does the league have a USARS charter for insurance coverage?

- Yes
 No

If yes, charter number:

5. Are league skaters required to have primary insurance coverage?

- Yes
 No

6. Are league skaters required to have USARS as secondary insurance coverage?

- Yes
- No

SECTION 5: OWNERS & OFFICERS

Please, list all owners, officers (**Name, Address, Phone, Email**) and the positions they hold:

	Real name	Position	Skater name	Address	Phone	Email
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

(Please, supply both real and skater names and use an extra page if additional room is needed.)

If you do not yet have a Tax ID No., please provide the social security numbers of the owners:

	Name	Social Security
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Section 6: Status

1. What is your current status?

- Recruiting
- Scrimmaging (non-public)
- Publicly bouting

2. Are you practicing as a league or as individual teams?

- League
- Team
- Both

3. Do you currently play by WFTDA rules

- Yes
- No

If no, please attach your rules and explain the differences between your rules and WFTDA and why you are not playing by WFTDA rules:

SECTION 7: TEAMS & BOUTS

1. What are or will be the league **team** names and “themes”?

Team	Theme
1)	
2)	
3)	
4)	
5)	

(Use an extra page if needed.)

2. Have you held any **exhibition** bouts (public scrimmage for promotional or fundraising, etc. purposes)?

- Yes
- No

If yes, please provide dates and locations below:

Date **Venue**

(Use an extra page if needed.)

3. Have you held any **public** bouts?

- Yes
- No

If yes, please provide dates and locations below:

Date **Venue**

(Use an extra page if needed)

4. Have you played any **interleague** bouts?
 Yes
 No

If yes, please provide dates, opponent, and locations below:

Date	Vs.	Location (Venue, City, State)
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(Use an extra page if needed)

If not did not play by WFTDA rules, describe rules of play for all public bouts:

WFTDA

SECTION 8: ROOKIE YAHOO GROUP

Are you a member of the WFTDA rookie yahoo group?

- Yes
 No

If yes, list your league reps:

- 1)
2)

SECTION 9: PRACTICE SCHEDULE

1. Typical league practice schedule:

Day	Hours	Indoor/Outdoor	League/Team
1)			
2)			
3)			
4)			
5)			

2. List protective gear **required** by the league:

3. List protective gear **recommended** by the league:

SECTION 10: BUSINESS

1. Has the league received any **press**?

Yes

No

If yes, please list the 5 most recent occurrences below and attach articles:

1)

2)

3)

4)

5)

2. Do you know of any **other** leagues, WFTDA or otherwise, within 100 miles of your league?

Yes

No

If yes, please list league and describe relationship with league(s):

League name:

Relationship:

(Please, feel free to use an additional page if more space is needed.)

3. Has the league participated in any **charity** events?

Yes

No

If yes, please describe:

(Please, feel free to use an additional page if more space is needed.)

4. Does the league have any **sponsors**?

Yes

No

If yes, list current league sponsors:


(Please, feel free to use an additional page if more space is needed.)

SECTION 11: LEAGUE MEMBERS

Please list all members in league. A photo copy of each skater's ID is also required; these must accompany the application.

(Please, use additional pages if necessary.)

	Real name	Skater name	Email address	Signature
1.				
2.				
3.				
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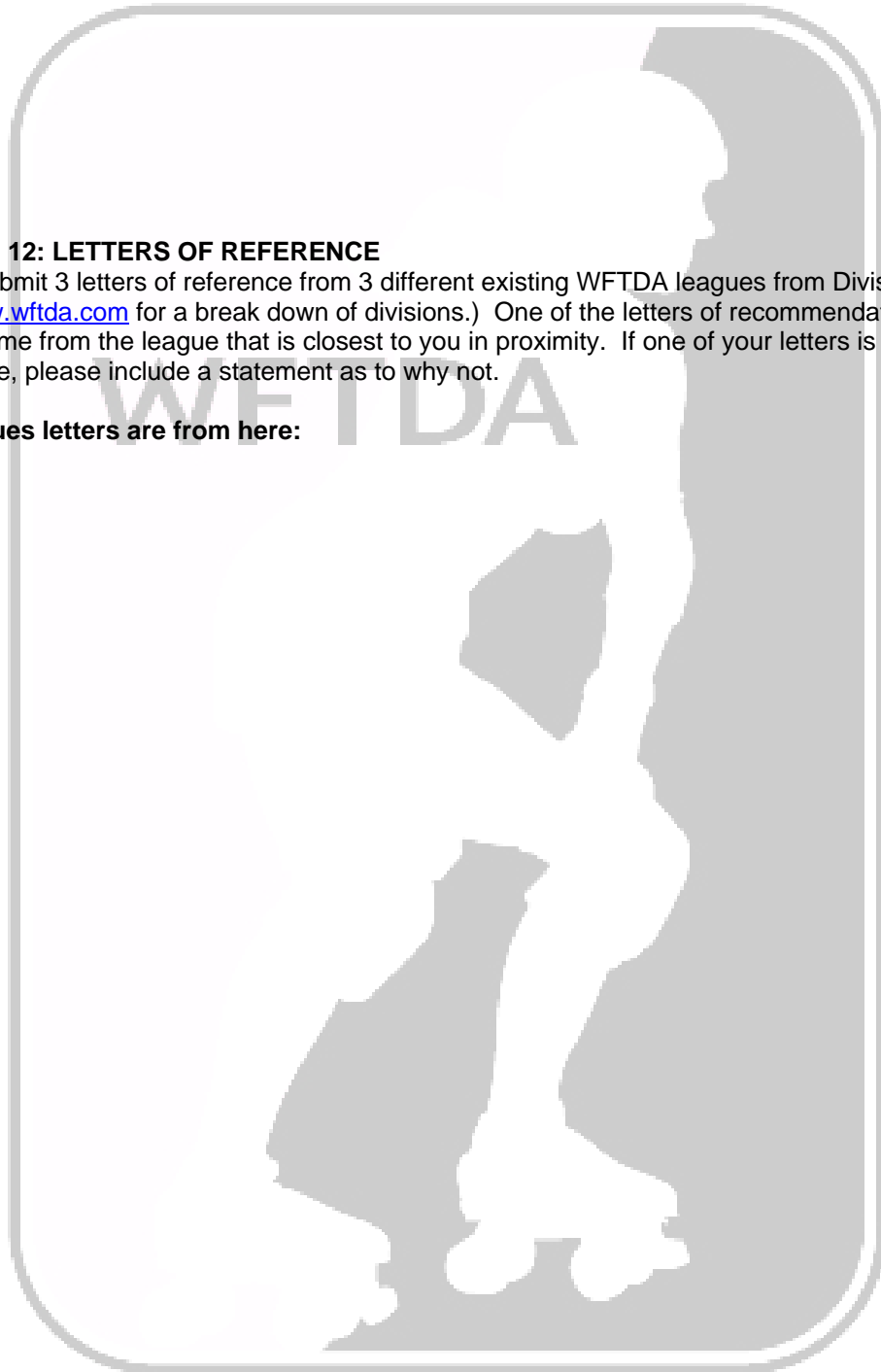
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- 60.

SECTION 12: LETTERS OF REFERENCE

Please submit 3 letters of reference from 3 different existing WFTDA leagues from Division 1 or 2. (See www.wftda.com for a break down of divisions.) One of the letters of recommendation should come from the league that is closest to you in proximity. If one of your letters is not from this league, please include a statement as to why not.

List leagues letters are from here:

- 1)
- 2)
- 3)



SECTION 13: SIGNATURES

By signature and notary seal below, the applicant league representative affirms that all application information is true and complete to the best of her knowledge, and that she is charged by her league with the authority to enter into a contract with the Women's Flat Track Derby Association. Statement of false application information is grounds for termination from the Women's Flat Track Derby Association.

Signature

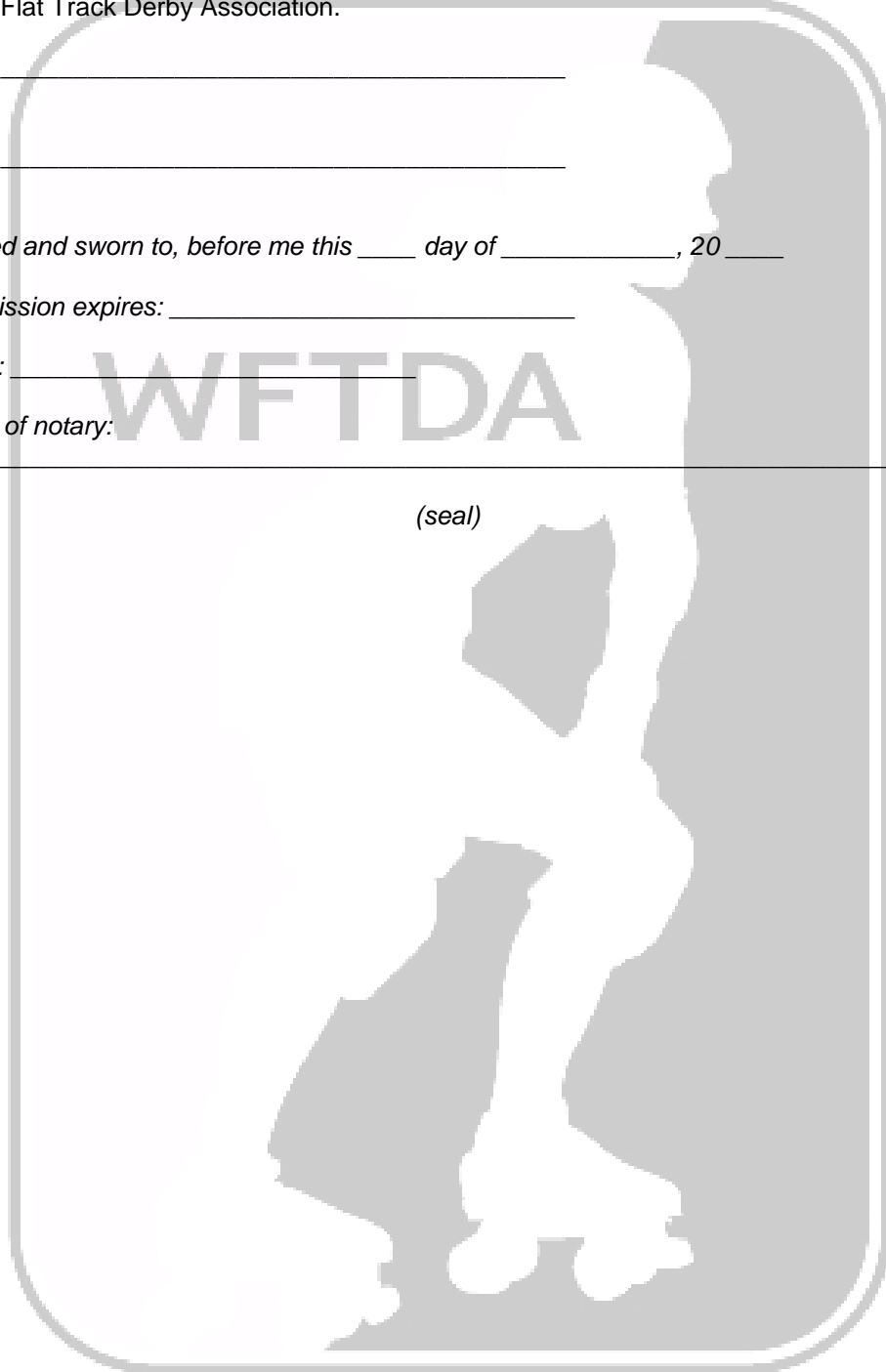
Print

Subscribed and sworn to, before me this ____ *day of* _____, 20 ____

My commission expires: _____

County of: _____

Signature of notary: _____



(seal)