



ASSOCIATE MEMBERSHIP TO CIF APPLICATION
(PLEASE PRINT)

- 1. SCHOOL NAME: _____
- 2. MAILING ADDRESS: _____
- 3. SCHOOL PRINCIPAL: _____
- 4. SCHOOL A/D: _____
- 5. AD E-MAIL ADDRESS: _____
- 6. SPORTS BEING PLAYED: BOYS- _____

GIRLS- _____

- 7. AUTHORIZATION TO JOIN: _____
(PRINCIPAL'S SIGNATURE)
- 8. FINANCIAL OBLIGATION: \$150 PER YEAR

MIDDLE SCHOOLS AND JUNIOR HIGH SHCOOLS THAT JOIN WIL RECEIVE

- 1) BY-LAWS, DIRECTORY, ETC.
- 2) ALL NATIONAL FEDERATION SPORTS RULE BOOKS
- 3) ALL CIF COMMUNICATIONS