



NACAD

NORTH AMERICAN ASSOCIATION OF CLUB ATHLETIC DIRECTORS

Application for Membership

Athletic Director/Assistant Athletic Director: _____

AD Telephone: () _____ bus. () _____ cell

AD E-mail address: _____

Club Name: _____

Club Address: _____
(Street number & name)

City, State/Province, Zip/Postal Code

Club Website Address: _____

Club Email Address: _____

Club Telephone Number: () _____

Club Manager: _____

Club Manager's Email Address: _____

Club Manager's Telephone: () _____

Type of Club: (check one) _____ Member Owned _____ Corporation

Other _____

Return to: Al Grose, NACAD Executive Director; nacad.ed@gmail.com
c/o 169 – 10888 Panorama Hills Blvd., N.W., Calgary, Alberta, Canada T3K 5L1



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NORTH AMERICAN ASSOCIATION OF CLUB ATHLETIC DIRECTORS

Club Name: _____

Club Social Facilities: (# of each) _____ Hotel Rooms _____ Reciprocal Clubs
_____ Dining Room(s) _____ Lounge/Bar(s) _____ Banquet Room(s)

Club Athletic Facilities: (# of each)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aquatic Centre | <input type="checkbox"/> Swim Pool(s) | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Childcare Services | <input type="checkbox"/> Bowling | <input type="checkbox"/> Curling |
| <input type="checkbox"/> Cycle Studio(s) | <input type="checkbox"/> Gymnasium(s) | <input type="checkbox"/> Handball |
| <input type="checkbox"/> Fine Arts Studio(s) | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Gymnastics Studio | <input type="checkbox"/> Skating Rink | <input type="checkbox"/> Martial Arts Studio |
| <input type="checkbox"/> Group Fitness Studio(s) | <input type="checkbox"/> Youth Centre | <input type="checkbox"/> Billiards |
| <input type="checkbox"/> Golf Training Centre (indoor) | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Golf Reciprocal |
| <input type="checkbox"/> Coed Massage Services | <input type="checkbox"/> Mens Massage | <input type="checkbox"/> Women's Massage |
| <input type="checkbox"/> Family Locker Room | <input type="checkbox"/> Spa Services | <input type="checkbox"/> Mens Locker Room |
| <input type="checkbox"/> Weight Room (Coed) | <input type="checkbox"/> Sauna | <input type="checkbox"/> Women's Locker Room |
| <input type="checkbox"/> Weight Room (Mens) | <input type="checkbox"/> Tennis (Indoor) | <input type="checkbox"/> Tennis (Outdoor) |
| <input type="checkbox"/> Weight Room (Women's) | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Other Athletic Facilities _____ | | |

NACAD New Club Membership Initiation Fee: \$200.00 (USD)

NACAD Member Annual Membership Dues: \$300.00 (USD)

We the undersigned, hereby make application for membership in the North American Association of Club Athletic Directors:

Assistant Athletic Director

Date

Athletic Director

Date

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