

## Wisconsin Interscholastic Athletic Association

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## SENIOR HIGH MEMBERSHIP APPLICATION

## **Associate Membership**

Grades 9-12 2017-2018 School Year

Name of Your School Address		
Name of School Distr	ict Authorizing Charter	
Schools within the Jur	isdiction of this District: (Please li	ist all schools in district where you want your students eligible.)
As an Associate Mer  1. As a result of the Member fee is pe  2. Our students are our school district.  3. Our enrollment v.  4. In multi-high sch transfer rules ap  5. If we voluntarily	mber of the Wisconsin Interschol Board of Control action on 4/21/ rmanently suspended. e eligible only at the schools that et. We are not allowed to co-op will be added to each of the school nool districts, charter school studiply.	15 and membership action on 4/26/17 the \$50 Associate are also WIAA members within the chartering authority of
	Constitution, Bylaws, Rules of Eli	the Association and will conduct our athletic program in igibility, and Season Regulations as well as the interpretations
Charter School A	dministrator (please print)	President, Authorizing District (please print)
Charter School A	dministrator (signature)	President, Authorizing District (signature)
Date		Date

Note: The WIAA membership-sponsored tournaments are the collective property of the Association and not of any individual member. The Association reserves the right to promote and advance the membership's interests with publication information; exclusive arrangements to create recognition and exposure for school-sponsored activities; restrictive policies prohibiting exploitation and commercialization of membership-sponsored tournaments; appropriate proprietary interests; and the use of images or transmissions identifying students, administrative personnel and member school marks.

Please email, fax or mail this completed application to the WIAA.