



Please use one application per individual member person. Make copies for additional subsequent members.

Membership term is a calendar year. Information will appear on printed materials as reported here.

Email logos and social media to info@nationalsportsmap.com

Official Name of Organization _____

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone () _____ Cell () _____ Website _____

Email _____ Sport/Activity: _____

Total number of annual events: _____

Total number of members/participants: _____

If multi-sport, please include a separate PDF with the total number of participants corresponding to each sport/activity.

Executive Team (National Perspective)

This membership is available to any sports or race management director, a full-time sport administrators in organizations with a national perspective that conduct race events regularly or are involved with the development, enhancement, operation and/or support of youth and/or recreational sports. I.e. non-profit, youth-serving, national youth sports organizations, national sport governing bodies (more than 10 events per year).

- \$475 One yr annual membership, expires one (1) year from the application date
- \$850 SAVE on a 2-year membership, expires two (2) years from the application date

Allied Event (Race Director)

This membership is available to any one person engaged in marketing and promoting race events. I.e. Race director, race organizations, race fundraiser coordinator, etc. (more than 2 events per year)

- \$250 One yr annual membership, expires one (1) year from the application date
- \$450 SAVE on a 2-year membership, expires two (2) years from the application date

Allied Event (Sports Organizations)

This membership is available to any one person in a non-profit and/or youth-serving local, state or regional chapters of national organization such as parks and recreation departments, CYO's, JCC's, YMCA's, local community leagues, etc. This membership is only available to those who do not qualify for executive or allied membership. (more than 2 events per year)

- \$250 One yr annual membership, expires one (1) year from the application date
- \$450 SAVE on a 2-year membership, expires two (2) years from the application date

Associate (CVB's, Sports Commissions)

This membership is available to any one person from a Convention & Visitors Bureau or Sports Commission. This membership is only available to those who do not qualify for executive or allied membership. (more than 2 events per year)

- \$250 One yr annual membership, expires one (1) year from the application date
- \$450 SAVE on a 2-year membership, expires two (2) years from the application date

Affiliate (Coach, Parent, Referee, Admin)

This membership is available to any one person with a local, state or regional perspective where the individual does not represent his/her organization. I.e. nonprofit, youth-serving local sport administrators, coaches, parents, officials. This membership is only available to those who do not qualify for executive, allied or associate membership. Member receives one (1) free concussion baseline test. Does not qualify for reduced Admin. Fee.

- \$75 One yr annual membership, expires one (1) year from the application date
- \$125 SAVE on a 2-year membership, expires two (2) years from the application date

Memberships receiving a reduced Admin. Fee to be set at either \$50 \$150 or \$250 (depending on event) require appropriate event information drop in the National Sports M.A.P.® Event Registration Form.



Membership Application & Renewal pg. 2/2

National Sports Massage & Athletic Practitioners®, LLC (www.nationalsportsmap.com) is committed to providing your organization with the highest level of professional sports medicine services at races and sports events alike. While we use independently contracted practitioners, to ensure their professional commitment in working with athletes of all ages, we have implemented a mandatory background check through National Center for Safety Initiatives (www.ncsisafe.com).

Your organizations responsibility is to communicate with NationalSportsMAP.com with all applicable event information in a timely manner to ensure proper scheduling can be provided. With this membership, applicant member understands they are committing to solely working with NationalSportsMAP.com in providing professional background checked sports medicine, race medicine and/or race massage services for their athletes at every event over the membership term agreement.

By completing this document you agree on behalf of yourself and your affiliated organization, as an Authorized Representative, you are bound to adhere to the NationalSportsMAP.com Terms of Use, Privacy Policy, Code of Conduct and Victim's Rights. If you have any questions, please e-mail info@nationalsportsmap.com Subject: Membership Application.

Name of Organization _____

Member Type: Executive Team [] Allied Event (RD) [] Allied Event (SO) [] Associate [] Affiliate []
One Year [] Two Year []

If your organization desires concussion baseline testing, monitoring one day before your event, check: []

Method of Payment: Visa [] MasterCard [] AmEx [] Discover []

Card # _____ **Exp. Date** ____/____ **Card Verification #** _____

Name on Card _____

Signature _____

Credit Card Billing Address (if different than the shipping address)