

REGION Membership Application



YEAR	
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Region must consist of minimum three (3) teams to play league.

Region N\$2000-00	
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MR/MRS President Name

ADDRESS:

WORK: CELL:

MAIL:

As President of the region, I agree to be bound by the Constitution, Rules, Regulations and Policies of NAMDAF. I will communicate and enforce these policies, rules, and regulations between my clubs.

PRESIDENT NAME AND SIGNATURE.....DATE

FOR OFFICE USE ONLY			