

East Coast Wrestling Club **CLUB MEMBERSHIP APPLICATION**

Please print or type clearly and be sure to check all boxes that apply to you. All information will be kept confidential and such information will be used for club records. No information on this form will be given to non-members at any time.

This is a: New Membership Renewal Membership Renewal of a Lapsed Membership
Name: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip-Code:** _____ **Country:** _____
Phone Number (_____) _____ - _____
[This section is for club records only - not to be shared]

All mail is sent in plain envelopes with a personal return address.

Type of Membership: Basic (\$10.) Full (\$25.) International Membership (see below for pricing)
OVERSEAS/INT'L MEMBERSHIPS ARE AVAILABLE AT \$30: **BASIC \$40: FULL** (in US DOLLARS only) Please allow up to four weeks for international/overseas mail delivery. Basic members receive the East Coast Wrestling Club Newsletter / Schedule & any other general mailings (about bi-monthly). Full members receive the Newsletter/Schedule, any general mailings PLUS receive the Membership Directory/Roster, published about every other month. All members may participate in ANY event or meeting.

The following box contains questions for all membership types. You may omit answers to any questions if you wish. This info. helps us help you, and is **not** shared unless you choose to be listed in the roster as a full member. We like to know who our members are; age ranges, body sizes, and experience with the sport. Please complete..

Height: _____ **Feet** _____ **inches** **Weight:** _____ **pounds** **Date-of-birth:** ____/____/____ (required)
THE ABOVE INFORMATION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.
Wrestling Experience (choose one) Beginner/Novice Intermediate Experienced HS/College Competition
What activities might interest you? Wrestling Practices Wrestling Meets/Event Viewing Instruction/ Wrestling Drills
 Wrestling Videos view/share/trade Meeting Others Newsletter/Schedules Member Roster contacts

INSTRUCTIONS: If applying for the "Basic membership" ONLY, please skip to the NOTE and SIGNATURE areas on reverse.

Full members are able to be listed on the membership roster with their city, state & phone number unless you have a po box as your mailing address OR you can choose to have your address, phone number, and email address included in the roster as well. **Please be sure to check the "INCLUDE YES" boxes if you wish these items listed on the roster.** Be sure to specify if you prefer your home phone # or cell phone # is listed if any. Change of address or phone numbers will be made as provided. East Coast Wrestling Club takes no position as to the accuracy or completeness of information appearing in the roster list. East Coast Wrestling Club will make clerical corrections upon request. We are a volunteer organization & rely on members/volunteers to assist with mailings.

Name to Appear in Directory/Roster listing: _____ Email address _____
Mailing Address _____ **Include in Roster? Yes: No:**
City: _____ State: _____ Zip Code: _____ Country: _____
Include Phone Number on Roster? Yes: No: Number: (____) _____ - _____
Best days/times to call: _____ Cell Phone # (____) _____ - _____

Preferences: Mark **ONE** place for each line. Remember, narrow requirements might result in FEWER contacts:

Wrestling Partner's Height:	<input type="checkbox"/> Does Not Matter	<input type="checkbox"/> Should be near mine	Must be between _____ and _____
Wrestling Partner's Weight:	<input type="checkbox"/> Does Not Matter	<input type="checkbox"/> Should be near mine	Must be between _____ and _____
Wrestling Partner's Age:	<input type="checkbox"/> Does Not Matter	<input type="checkbox"/> Should be near mine	Must be between _____ and _____
Wrestling Partner's Skill:	<input type="checkbox"/> Does Not Matter	<input type="checkbox"/> Should be near mine	Must be <input type="checkbox"/> above <input type="checkbox"/> below my skills

WRESTLING STYLES: Mark those for which you have an **INTEREST (I)** and/or **SKILL (S)** (You may mark BOTH)

<input type="checkbox"/> <input type="checkbox"/> Collegiate competitive	<input type="checkbox"/> <input type="checkbox"/> Pro style Competitive	<input type="checkbox"/> <input type="checkbox"/> Wrestle for pins
<input type="checkbox"/> <input type="checkbox"/> Freestyle competitive	<input type="checkbox"/> <input type="checkbox"/> Pro-style pre-arranged	<input type="checkbox"/> <input type="checkbox"/> Wrestle for submission
<input type="checkbox"/> <input type="checkbox"/> Freestyle unstructured	<input type="checkbox"/> <input type="checkbox"/> Tag Team style	<input type="checkbox"/> <input type="checkbox"/> Exchange practice holds
<input type="checkbox"/> <input type="checkbox"/> Greco-Roman style	<input type="checkbox"/> <input type="checkbox"/> Fantasy/Role playing	<input type="checkbox"/> <input type="checkbox"/> Boxing - sparring
<input type="checkbox"/> <input type="checkbox"/> Karate/Judo/Sombo style	<input type="checkbox"/> <input type="checkbox"/> Kick Boxing	<input type="checkbox"/> <input type="checkbox"/> Other (describe here and below)

OTHER INFORMATION: Mark all that apply:

NO Erotic Wrestling Looking for Regular Practice/Partner(s) Have Place to Wrestle

Narrative: You MAY include up to 25 words (100 characters including spaces and single numbers) with your own listing free. Describe yourself and your interests, wrestling styles, and any other interests if you wish. Use this space for your narrative to be printed in the directory/roster during your membership (Updates/changes included with your Full membership).

Place your narrative ABOVE for printing in roster (Full members only)

Place Other comments to the club below (Basic and Full members both) NOT to be printed ...

Do you have any special skills, resources or whatever you are willing to share with the club? (For example, wrestling coaching skills, videotapes, books, magazines, practice space, mats for matches, computer skills/web site skills, bulk mail permits, accounting skills, car available for carpooling to events, massage skills, foreign or out of New England contacts, printing and duplicating equipment or anything else? If so, tell us about them HERE!

NOTE: All information provided in the roster is considered to be confidential and will be made available only to Full members of East Coast Wrestling Club during their time of paid up membership. Sharing roster information with non-members, basic members or otherwise non-subscribers defeats the purpose of having a club roster and is a serious violation of the spirit of the club. Anyone who does violate this rule **will be subject to immediate termination of membership** and will forfeit all paid dues and contributions to East Coast Wrestling Club. That individual will NOT be allowed to re-join at any time in the future. All Basic and Full members have access to any official events and activities, and will have voting rights at meetings.

SEND **SIGNED** APPLICATION, MEMBERSHIP FEES AND SUPPLEMENTAL CONTRIBUTIONS/DONATIONS TO:

East Coast Wrestling Club
C/O MARC LAVIK
P. O. BOX 40868
PROVIDENCE RI 02940 (USA)

For further information **contact** Marc @ (401) 467-6737 or **email** Marc at: ecwc@juno.com

SIGNATURE SECTION: THIS MUST BE SIGNED: By my signature I state that I am over 18 years old and that I wish to participate as a member of East Coast Wrestling Club. I recognize the potential for physical injury inherent in the sport of wrestling and I agree to assume all risks involved in maintaining my physical health. In all ways and at all times I agree to hold harmless East Coast Wrestling Club, its members, officers, and sponsors for any personal injury or loss. I agree not to divulge the names or identities of any member of the club without their express permission. I realize that if I fail to abide by this reasonable rule, I may be terminated from membership and will lose all dues and contributions previously made to the EAST COAST WRESTLING CLUB.

DON'T FORGET TO ENCLOSE YOUR CHECK-MONEY ORDERS (OR US postage STAMPS) FOR YOUR MEMBERSHIP FEE !!!!!

PLEASE MAKE CHECKS / MONEY ORDERS PAYABLE TO: EAST COAST WRESTLING CLUB

SIGNED:

DATE:

Your initial year's membership expires one year from the above date.

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You are welcome to copy this application form for a friend or group!