

Application for Membership

Name _____

Institution _____

Address _____

Home Phone _____ E-mail _____

Office Phone _____ Fax _____

Please feel free to use the reverse side on this application to make any statement you deem appropriate to help us evaluate your application.

I have reviewed the Statement of Objectives and Procedures by the National Educational Debate Association. My request for membership signals my intent to abide by and enforce them at NEDA events.

Signature of Applicant

I support this application for membership.

Signature of Sponsor