

Membership Application

Name: _____ Eagle ID: _____

Position Played/Coached: _____ Yrs Played: _____

Check all that Apply: Coach Player Trainers Equipment Mgt

Address: _____

City: _____ State: _____ Zip: _____

Phone # Day: _____ Evening: _____ Email (please print clearly): _____

Payment Type: Cash Check Payable to EFAA Credit Card Card Type: Visa MasterCard

Credit Card #: _____ Exp. Date: _____



Dues Amount \$60

Coach Russell Scholarship: \$_____

Additional EFAA Donation: \$_____

Total Amount: \$_____