For application in Microsoft Word, please email info@nhiaa.org

NEW HAMPSHIRE INTERSCHOLASTIC ATHLETIC ASSOCIATION

APPLICATION FOR MEMBERSHIP ON AN NHIAA COMMITTEE

1. NAME_____

2. SCHOOL AFFILIATION_____

3. LIST COMMITTEE(S) YOU WANT TO BE CONSIDERED FOR.
_____
_____
_____
_____

4. HAVE YOU COACHED AT A NHIAA MEMBER SCHOOL?
Yes_____ No_____

IF YES, PLEASE LIST SPORTS COACHED.
_____

5. PLEASE LIST QUALIFICATIONS FOR THE COMMITTEE OF WHICH YOU HAVE MADE APPLICATION.

6. ARE YOU ABLE TO COMMIT TO A MINIMUM OF THREE (3) MEETINGS PER YEAR HELD DURING THE DAY, PLUS ATTENDANCE AT ATHLETIC TOURNAMENT EVENTS IF APPOINTED TO A SPORTS COMMITTEE? Yes_____ No_____

NAME_____
Please Print

HOME ADDRESS_____

HOME NUMBER _____

CELL NUMBER_____

WORK NUMBER_____

EMAIL ADDRESS_____

SUBMIT THIS FORM TO info@nhiaa.org