



IBA Membership Application

Name of School: _____

School Location (city and state/province): _____

Faculty Advisor name (if applicable): _____

Faculty Advisor email: _____

Faculty Advisor phone numbers(s): _____

Team website (optional): _____

Application fee per college or university:

\$50.00 (US)

\$54.00 (CN)

Make checks or money orders payable to **National Badminton League** and mail to:

National Badminton League

P.O. Box 11653

Merrillville IN 46411 USA

Please complete the information on the following information for your team(s). Once your team/teams are listed on the IBA web site, you may begin scheduling matches against other member teams.

____ Check here if you need a receipt

MEN'S TEAM INFORMATION:

Team Contact Person: _____

Team Contact Person email: _____

Team Contact Person phone number(s): _____

Coach name (if applicable): _____

Coach email: _____

Coach phone numbers(s): _____

WOMEN'S TEAM INFORMATION:

Team Contact Person: _____

Team Contact Person email: _____

Team Contact Person phone number(s): _____

Coach name (if applicable): _____

Coach email: _____

Coach phone numbers(s): _____

MIXED (CO-ED) TEAM INFORMATION:

Team Contact Person: _____

Team Contact Person email: _____

Team Contact Person phone number(s): _____

Coach name (if applicable): _____

Coach email: _____

Coach phone numbers(s): _____