

THE PROFESSIONAL DEVELOPMENTAL FOOTBALL LEAGUE

Application for Membership



Please print or type.

PRIMARY CONTACT: _____

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

Office: _____

Mobile: _____

Other: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

OWNER INFORMATION: (if different than primary contact)

(attach sheet if additional space needed)

1)NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

Office: _____

Mobile: _____

Other: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

2)NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

Office: _____

Mobile: _____

Other: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

PROPOSED TEAM NAME: _____

PROPOSED TEAM COLORS: _____

PROPOSED TEAM MASCOT: _____

PROPOSED MARKET AREA: _____

PROPOSED STADIUM: (indicate full name of Stadium, address, phone number and website)

FIRST CHOICE: _____

SECOND CHOICE: _____

QUESTIONNAIRE

(Please complete each question regarding the primary contact and all proposed owners.)

Why are you interested in joining the PDL?

What experience do you have in sports marketing?

List any positions or responsibilities you have held in sports marketing.

What experience do you have in Development Pro football?

What is your primary employment?

What else would you like the PDL to know about you?

APPLICATION COMPLETED AND SUBMITTED BY:

SIGNATURE

PRINT FULL LEGAL NAME: _____

DATE: _____

NOTARY

THE STATE OF _____)

COUNTY OF _____)

I, _____, a Notary Public, do hereby certify that on this _____ day of _____, 20__, personally appeared before me _____, known to me to be the person whose name is subscriber to the foregoing

instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

NOTARY PUBLIC, STATE OF _____

Name, Typed or Printed: _____

My Commission Expires: _____



THE PROFESSIONAL DEVELOPMENTAL FOOTBALL LEAGUE
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