



MEMBERSHIP INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

1st Phone #: _____ 2nd Phone #: _____

Email: _____

AREAS OF INTEREST:

- | | |
|---|--|
| <input type="checkbox"/> Tournament and Event Help | <input type="checkbox"/> Contributing Financial Support |
| <input type="checkbox"/> Developing Corporate Sponsorship | <input type="checkbox"/> Contributing Services and/or Products |
| <input type="checkbox"/> Program Advertisement Sales | <input type="checkbox"/> Contributing Corporate Sponsorship |
| <input type="checkbox"/> Other _____ | |

WRESTLING EXPERIENCE AND BACKGROUND:

Wrestler, Parent, Coach, etc... _____

General Membership Application Fee: \$35

Optional: \$100 Bronze Club \$250 Silver Club \$500 Gold Club \$_____ Other

Make check payable to: Atlanta Takedown Association

Mail Application and Check to:

ATA c/o Gary Jira
1705 Spindle Top Court
Lilburn, GA 30047