

Membership Recommendation Form



**This form must be completed and submitted by a representative from an SSAA member school. All responses on this form will be kept confidential and only used by the Board of Directors, and staff, to determine suitability for membership.

Section 1: *(SSAA Member Representative)*

Name: _____ Title: _____

School Name: _____

Phone: _____ Email: _____

Section 2: *(Applicant School)*

School: _____

Address: _____, City: _____, Florida, Zip: _____

How many years of competition experience do you have with applicant school? _____

Section 3: *(Information about Applicant School)*

(Please put a check in the appropriate box after **ALL** questions)

Questions: <i>Applicant School-</i>	Always	Frequently	Sometimes	Rarely	Never
Recruits or entices athletes in any way?					
Cancels scheduled athletic competitions?					
Coaches, athletes, staff and fans exhibit positive behavior at games or contests?					
Has an impeccable reputation for following rules?					
Competes against my school in any/or the sport they wish to join the SSAA?					
Communicates well regarding athletic matters?					
Has met financial obligations on time?					

Do you recommend the applicant school for membership in the SSAA? _____

Membership Recommendation Form



I have answered the above questions to the best of my ability and knowledge. Please accept this form as my recommendation for membership in the SSAA.

Signature

Date