

# Long Island Wrestling Association

## MEMBERSHIP APPLICATION

January 1, 2020 to December 31, 2020

Full Name:

\_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Wrestling Affiliation If Any \_\_\_\_\_

E-mail Address \_\_\_\_\_

Membership is **\$25.00** Per Year. Make Checks Payable to **Long Island Wrestling Association, Inc.**

**Additional contributions beyond our \$25.00 membership will be greatly appreciated!**

Mail Your Check & Completed Membership Application to:

**Long Island Wrestling Association, Inc.  
117 Dale Dr  
Oakdale, New York 11769**