



*The International Sports Professionals Association*

*Provisional Application*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Title: \_\_\_\_\_

Professional License Number: \_\_\_\_\_ State: \_\_\_\_\_ Highest Degree: \_\_\_\_\_  
(If applicable)

**Referral Code:** \_\_\_\_\_

Education:

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List of Qualifications/ Professional Accomplishments (as it applies to sports):

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Dr John Mayer: President, Justin Mayer: Executive Director

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Sports Background/Experience:

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Sports Specialization: \_\_\_\_\_

Professional Specialization: \_\_\_\_\_

*Thank you very much for applying to become part of the most prestigious sports credentialing organization. Upon receiving your application the International Sports Professionals Association will review your application and make its decision. Once you are accepted you will receive a congratulatory letter in the mail with further instructions on finalizing your membership.*

**One Year Provisional Membership fee: \$50.00**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check: \_\_\_\_\_ Money Order: \_\_\_\_\_ (Payable to: Noggin Power 2)

Credit Card Visa/Master Card/ AMEX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Send to: ISPA Headquarters; 55 East Washington St. 38<sup>th</sup> Floor, Chicago, IL 60602 or fax 312-917-1010 or E-Mail Normady1@aol.com**