

Long Island Wrestling Association

MEMBERSHIP APPLICATION

January 1, 2025 to December 31, 2025

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**