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NEW YORK, NY 10036
WNBPA.COM

T 212 655 0880
F 212 655 0881

Dear Prospective Agent:

Thank you for your recent inquiry regarding obtaining information on becoming a certified agent with the Women's National Basketball Players Association. Please complete the enclosed application and return it to our office to the attention of **Eric Rhodes, Director of Security**. All applicants must submit a copy of the highest diploma received or an official copy of your transcript with your application. If this is not included, it will delay the process of your application. **(Each question must be answered in order for us to fully evaluate your credentials, if you need more space to fully answer a question, please attach an addendum to this application.)**

Please note that a **non-refundable** application fee of \$50.00, in addition to the required annual dues in the amount of \$500.00, should be included with your application. Dues are applied on a calendar year basis (January 1–December 31).

You may submit payment either by check or money order, payable to the Women's National Basketball Players Association. **Please send two separate remittances: one in the amount of \$50.00 and one in the amount of \$500.00**, as we will hold the annual dues payment until your application is approved. If it is not approved, the \$500 payment will be returned to you. These monies are due and payable with the submission of your application. **Please be sure to include the name of the applicant in the memo section of the check or money order. Place your two checks or money orders in a sealed envelope addressed to the attention of Yvonne Moiseau, Finance Department.**

If you have any questions regarding the enclosed application please do not hesitate to contact our offices. The WNBPA Regulations Governing Player Agents which will be revised and updated, are also enclosed.

Looking forward to working with you,

A handwritten signature in black ink, appearing to read 'Terri Jackson'.

Terri Carmichael Jackson



WNBPA AGENT CERTIFICATION CHECKLIST

PLEASE INCLUDE THIS FORM WITH YOUR COMPLETED APPLICATION

FULL NAME (LAST, FIRST, MIDDLE)		

HOME ADDRESS	CITY / STATE	ZIP CODE

PRIMARY PHONE NUMBER	CELL PHONE NUMBER	

EMAIL ADDRESS	FAX NUMBER	

APPLICATION CHECKLIST

Please be sure to complete all of the items below before submitting your application to be processed.

- Answer all questions completely, including name, address and phone number
- Included **\$500** Certification fee payable to the Women's National Basketball Players Association. Also please note that a **non-refundable** fee of \$50 should also be included with your application. Please be sure to include the name of the applicant in the memo section of the check or money order. Place your application fee in a sealed envelope with your application, and address the envelope with your fee to the attention of the Finance Department. **All completed applications should be sent to the attention of Yvonne Moiseau, Finance Department.**
- Original signature on application
- Copy of highest degree/transcript obtained included
- Original notary
- Completed and signed release form



WNBPA AGENT CERTIFICATION CONSENT & RELEASE

AUTHORITY AND CONSENT TO RELEASE INFORMATION INCLUDING CONSUMER REPORTS
AND CONSUMER INVESTIGATIVE REPORTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT

1 | Screening Questionnaire for Identification Purposes:

FULL NAME (LAST, FIRST, MIDDLE)

SSN

HOME ADDRESS

CITY / STATE

ZIP CODE

DATE OF BIRTH

PRIMARY PHONE NUMBER

DRIVER'S LICENSE NUMBER

STATE

2 | Authorization and General Release:

I hereby authorize the Women's National Basketball Players Association and all of its agents to request and receive any information and records concerning me, including, but not limited to, consumer credit, criminal record history, driving, employment, military, civil, regulatory, educational data, and reports from individuals, corporations, partnerships, courts, law enforcement, and licensing agencies, consumer reporting agencies, and other entities, including my present and previous employers.

I further release and discharge the Women's National Basketball Players Association, all of its agents and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private, or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may involve personal interviews with sources such as friends, neighbors and associates, and

(CONT. ON FOLLOWING PAGE)

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may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for qualification as an WNBPA Certified Player Agent, and I have carefully read and I understand this authorization. Further, I understand that the WNBPA has the right to provide any information obtained to players and their family members who are advising them in selecting an agent.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for qualification as an WNBPA Certified Agent. The following is my true and complete legal name, and all of the above information is true and correct to the best of my knowledge.

SIGNED

DATE



WNBPA AGENT CERTIFICATION APPLICATION AGREEMENT

I, _____, _____,
FULL NAME (LAST, FIRST, MIDDLE) SSN

BUSINESS ADDRESS AND AFFILIATION (IF ANY) ZIP CODE

hereby apply for certification as an WNBPA Player Agent pursuant to the WNBPA Regulations Governing Player Agents (“Regulations”), as adopted effective January, 2000, and as amended thereafter.

In submitting this application, I voluntarily agree to comply with and be bound by those Regulations (including but not limited to the maximum fee schedule) which are incorporated herein by reference and any subsequent amendments that may be promulgated thereto.

I understand that making any false or misleading statement of a material nature in answering any question on this Application can result in denial or revocation of certification.

I understand that all the information contained in this Application is designed to benefit the WNBPA and its members, both present and future, by helping to insure qualified representation. I unconditionally agree that the information contained herein can be maintained and used by the WNBPA Committee on Agent Regulation in performing its functions and can be provided by the Committee to individual WNBA players.

I understand and agree that only persons who have been certified by the Committee will be permitted to represent WNBA players, including rookies, in performing services described in the Regulations.

I understand and agree that a precondition to being granted certification is that I swear or affirm that every agreement for the performance of an Agent’s services which I enter into with a player shall conform to the terms and conditions of the Regulations and the Standard Player Agent Contract.

I agree that if I am granted certification, I will save and hold harmless the WNBPA, its Officers, employees and representatives (including, but not limited to, the Committee on Agent Regulation and the individual members thereof) from any liability whatsoever resulting from my acts of commission or omission in providing services to any player in connection with her individual compensation negotiations with the WNBPA and/or a WNBA club or in connection with any subsequent enforcement of such individual contract.

I agree that if I am denied certification, or if subsequent to obtaining certification it is revoked or suspended pursuant to the Regulations, the exclusive method for appealing from any such action is through the arbitration procedure set forth in the Regulations.

In consideration for being accorded the opportunity to obtain certification status, I further agree that this application and the certification, if one is issued to me, and the WNBPA Regulations Governing Play Agents shall constitute a contract between the WNBPA and myself.

SIGNED

DATE



WNBPA AGENT CERTIFICATION APPLICATION

SECTION 1 | GENERAL

A | Have you ever been known by any other name or surname?

YES NO

If yes, state all names used and when used, including a maiden name or any other married names:

B | _____
DATE OF BIRTH BIRTHPLACE

C | Spouse Information:

NAME OF SPOUSE

NAME OF SPOUSE'S EMPLOYER

SPOUSE'S EMPLOYER ADDRESS

CITY / STATE

ZIP CODE

D | Does spouse have any business relationship with the Women's National Basketball Association, its clubs or related entities?

YES NO

If yes, specify in detail:

SECTION 2 | EDUCATION

A | Law or other Graduate School attended:

SCHOOL

CITY, STATE

Dates of attendance:

_____ to: _____
MM/YYYY MM/YYYY

(CONT. FROM PREVIOUS PAGE)

Degree:

DEGREE AWARDED

DATE AWARDED

B | Colleges or Universities attended:

1: _____
SCHOOL CITY, STATE

DEGREE

DATES ATTENDED

2: _____
SCHOOL CITY, STATE

DEGREE

DATES ATTENDED

3: _____
SCHOOL CITY, STATE

DEGREE

DATES ATTENDED

4: _____
SCHOOL CITY, STATE

DEGREE

DATES ATTENDED

C | High School attended:

SCHOOL

CITY, STATE

DATE GRADUATED

D | If you have not received a degree from an accredited four-year college/university, list below the negotiating experience you wish the Committee to consider in lieu of any year(s) of education.

SECTION 4 | LAWYERS AND LAW GRADUATES

A | Have you been admitted to the Bar in any jurisdiction?

YES NO

If yes, please list jurisdictions and dates of admission:

JURISDICTION, ATTORNEY REGISTRATION/BAR NUMBER

DATE OF ADMISSION

JURISDICTION, ATTORNEY REGISTRATION/BAR NUMBER

DATE OF ADMISSION

JURISDICTION, ATTORNEY REGISTRATION/BAR NUMBER

DATE OF ADMISSION

B | Do you have any applications for Bar admission currently pending?

YES NO

If yes, please state where you have applied and the status of that application:

C | Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a member of any other profession, or as a holder of any public office?

YES NO

If yes, please describe each such action, the dates of occurrence, and the name and address of the authority imposing the action in question:

D | Are any charges or complaints currently pending against you regarding your conduct as an attorney, as a member of any profession, or as a holder of public office?

YES NO

If yes, please indicate the nature of the charge or complaint and the name and address of the authority considering it:

E | Has your right to practice before any governmental office, bureau, agency, commission, etc. ever been disqualified, suspended, withdrawn, denied, or terminated?

YES NO

If yes, please explain fully:

SECTION 5 | PROFESSIONAL LICENSES (OTHER THAN LAW)

A | Are you a member of any business or professional organization which directly relates to your occupation or profession?

YES NO

If yes, please list:

B | Please list any occupational or professional licenses or other similar credentials (i.e., Certified Public Account, Chartered Life Underwriter, Registered Investment Advisor, etc.) you have obtained other than college or graduate school degrees, including dates obtained:

C | Are you registered or have you applied to be registered pursuant to any state statutes regulating athlete agents?

YES NO

If yes, please list states and status of registration:

D | Have you ever been denied an occupational or professional license, franchise or other similar credentials for which you applied?

YES NO

If yes, please explain fully:

E | Do you have currently pending any application for an occupational or professional license, franchise or other similar credentials?

YES NO

If yes, please describe and indicate status of each such application:

F | Have you ever been suspended, reprimanded, censured, or otherwise discipline or disqualified as a member of any profession, or as a holder of any public office?

YES NO

If yes, please describe each such action, the date(s) of occurrence and the name and address of the authority imposing the action in question:

G | Are any charges or complaints currently pending against you regarding your conduct as a member of any profession, or as a holder of public office?

YES NO

If yes, please indicate the nature of the charge or complaint and the name and address of the authority considering it:

H | Has your right to engage in any profession or occupation ever been disqualified, suspended, withdrawn, or terminated?

YES NO

If yes, please explain fully:

SECTION 6 | LEGAL PROCEEDINGS

A | Have you ever been charged with, indicted for, convicted of, or pled guilty (including a plea of no contest or nolo contendere) to a criminal charge, other than minor traffic violations (\$100 fine or less)?

YES NO

If yes, please indicate nature of offense, date of conviction, criminal authority involved, and punishment assessed.

B | Have you ever been a defendant in any civil proceedings, including bankruptcy proceedings, in which allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, forgery, or legal malpractice were made against you?

YES NO

If yes, please describe fully and indicate results of the civil proceeding(s) in question:

C | Have you ever had legal proceedings brought against you by any player, players association, professional sports club or league (WNBA or otherwise) for any reason?

YES NO

If yes, please describe fully and indicate the results of the legal proceeding in question:

D | Have you ever been adjudicated insane or legally incompetent by any court?

YES NO

If yes, please provide details:

E | Were you ever suspended or expelled from any college, university or other educational institution?

YES NO

If yes, please describe circumstances:

F | Are there any unsatisfied judgments or liens of continuing effect against you (other than alimony or child support)?

YES NO

If yes, please provide full details:

G | Have you ever been declared bankrupt or been an owner or part owner of a business which has declared bankruptcy?

YES NO

(CONT. FROM PREVIOUS PAGE)

If yes, provide full details:

SECTION 7 | REFERENCES

A | Please list below the names, addresses, and daytime telephone numbers of at least five (5) persons, not related to you, who have known you for at least the last five (5) years and who can attest to your character. (Names of officers, player representatives, or staff members of the WNBPA or NBPA may not be used):

1: _____

2: _____

3: _____

4: _____

5: _____

B | Please list below the names, current addresses, and current telephone numbers of at least two (2) entities which can attest to your financial credit (i.e. credit card companies, lending institutions, etc.):

SECTION 8 | PROFESSIONAL SPORTS EXPERIENCE

A | Please list below the names of every WNBA player, including rookies, you are now representing or have represented in the past in individual contract negotiations with the WNBA and/or WNBA clubs, indicating the dates of such representation and the WNBA official(s) or club(s) involved:

B | Apart from basketball, list any other professional sports in which you currently represent or have previously represented any professional athletes, and for each such sport specify the number of athletes you currently represent:

C | Please list below the names of any other professional athletes, entertainers, or celebrities you are now representing or have represented in the past, indicating the type of representation, the dates of representation, and the employers involved:

D | Do you manage, invest or in any manner handle funds for any WNBA players?

YES NO

If yes, please provide details as to the amount of the bond, the name and address of the surety or bonding company, etc.:

E | Are you bonded?

YES NO

If yes, list surety, amount of bond and expiration date of current policy.

F | Has any surety or any bond on which you were covered ever been required to pay any money on your behalf?

YES NO

If yes, describe the circumstances and dates.

G | Are you currently registered under the Investment Advisor's Act, 15 U.S.C. Section 80b-3 et seq.?

YES NO

(CONT. FROM PREVIOUS PAGE)

If no, explain why:

SECTION 9 | MANAGEMENT PERSONNEL

- A |** List the names of any coaches, general managers, or other management officials of any WNBA or NBA team that you presently are representing or have represented in the past in individual contract negotiations with their respective team, including the date(s) of such representation:

SECTION 10 | BUSINESS AFFILIATIONS

- A |** List the name, address, and telephone number for each firm or organization with which you are presently affiliated where any part of the business is the representation of professional athletes.

- B |** For each such firm or organization, state whether it is a sole proprietorship, corporation, partnership, or other entity (specify).

- C |** If a partnership, list the name of each partner; if a corporation, list the name of each officer and member of the Board of Directors. Designate those partners, officers or members of the Board of Directors who customarily perform work for professional athletes.

D | List each person, not named in 10.C (previous page) who: (1) has a significant ownership interest in your firm or organization; (2) has wholly or partially financed your firm or organization (other than financing or credit extended in the ordinary course of business by lending institutions); or (3) directly or indirectly exercises or has the power to exercise a controlling influence over the management of your firm or organization.

E | Describe the ownership interest, the amount of financing, and/or basis of controlling influence for each person listed in 10.D above. If the firm or organization listed in this response is a partnership, list each partner, if a corporation list each officer and member of the Board of Directors.

F | Describe fully the nature of the business of each of your firm(s) or organization(s) listed in 10.A (previous page).

G | With respect to your present business, list each person engaged in the representation of professional athlete(s) and his/her area(s) of specialty.

H | List all persons employed by you or any of your businesses, either directly or indirectly, who solicit, recruit or recommend players on your behalf. For each person listed include current addresses, phone numbers, and a brief description of your business relationship with them, including any fee arrangements.

SECTION 11 | BUSINESS SERVICES

A | What services does your firm provide to Players? (place a check next to each service provided):

- | | |
|--|---|
| <input type="checkbox"/> Contract Negotiation | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Appearances/Endorsements |
| <input type="checkbox"/> Grievance-Arbitration | <input type="checkbox"/> Investment Counseling |
| <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Other Services (explain) |

B | If you do not provide services in one or more of the listed areas, do you assist the player in securing such services?

- YES NO

If yes, describe what you do in this regard: (include name and address of each individual/firm to which you customarily refer players for each services, and the details of a fee arrangement, if any)

C | With respect to the areas in which you do not provide services, do you: (1) have an ownership interest in; (2) wholly or partially finance; (3) directly or indirectly exercise a controlling influence over any firm or organization that does provide such services; or (4) have any other financial relationship? If so, list the name and address of each firm or organization, the services it provides, and a detailed explanation of your relationship to and/or involvement with such firm or organization (including financial relationships).

1: _____

2: _____

3: _____

4: _____

SECTION 12 | FEES

- A |** If you (or any affiliated company listed in 11.C (previous page)) provide any of the services listed in 11.A (previous page) other than contract negotiation, please specify your customary fees for each such service; whether they are based on a percentage of the Player's salary you negotiate, her total income, an hourly fee, or some other arrangement; and the relationship, if any, of such fees to the fees you charge for Player contract negotiations and related services.

- B |** Do you bill the player for your expenses in connection with the services referred to in Section 12.A above?

YES NO

If yes, on what basis do you bill for expenses (e.g., itemized out-of-pocket, daily rate or other basis)?

Do you allocate proportionate expenses among various player clients?

YES NO

If yes, describe method of allocation.

- C |** What, if any, additional charges do you customarily bill for other financially related work?

- D |** When is the player expected to pay your fees for such services?

- E |** Do you refer players to any person, firm or organization for any services of the type listed in 11.A?

YES NO

F | Do you or any affiliated organizations or persons listed in numbers 10.D or 11.B receive any fees, commissions, rebates or other compensation, other than as paid directly by a player client, as a result of:

(1) the player purchasing any securities or funds (stocks, bonds, mutual funds, etc.)?

YES NO

(2) the player investing in any investment vehicles (partnerships, businesses, corporation, venture capital program, etc.)?

YES NO

(3) the player purchasing any form of insurance (disability, life, casualty, etc.)?

YES NO

(4) the player making any endorsements, appearances or other licensing arrangements?

YES NO

If you answered “yes” to any of questions (1)-(4), please explain in detail the compensation that is received.

(1) _____

(2) _____

(3) _____

(4) _____

G | Do you receive any other compensation as a result of your representation of the player?

YES NO

Are these additional forms of compensation fully disclosed to the player?

YES NO

In writing?

YES NO

Are these additional forms of compensation deducted from the fees you charge as set forth in number 12.A (previous page)?

YES NO



WNBPA AGENT CERTIFICATION ACKNOWLEDGMENT

In submitting this Application for Certification as a WNBPA Player Agent (the “Application”) to the Women’s National Basketball Players Association (the “WNBPA”), I hereby state that I understand, agree, affirm and acknowledge:

- (1) I have completely and accurately filled out the Application and I will update and supplement the information provided in the Application as requested, or at least annually; and I will provide a copy of this Application, as well as any update or supplement to Players I represent, or will represent in the future; and
- (2) I have not made any material misrepresentation or any false or misleading statements of a material nature in answering any questions on the Application, and if the WNBPA should determine I have done so, such determination may constitute grounds for denial or revocation of WNBPA Certified Agent status; and
- (3) the information contained in the Application is designed to assist WNBPA members, both present and future, in making informed selections of player agents, and that all information contained in the Application, therefore, can be provided by the WNBPA, at its sole discretion, to individual players, and otherwise used by the WNBPA as it deems appropriate in the performance of its representational functions (the WNBPA may, however, consider special requests for confidentiality by individual players or player agent applications).

I, _____, being fully sworn, say that I have
FULL NAME (LAST, FIRST, MIDDLE)

read the foregoing questions in the within Application and have personally answered the same fully and honestly and the answers to said questions are true to my knowledge.

SIGNED

DATE

NOTARY PUBLIC