PROCESSED UNTIL	MISSISSIPPI ASSOCIATION OF Post Office Box 1194, Clinton, Mississippi 3 600 East Northside Drive, Clinton, Mississippi Telephone 601-924-3020 • Fax 601-92 Website www.mscoaches.com TE THIS FORM IN ITS ENTIRETY. INCOMPLETE ALL INFORMATION IS RECEIVED. DO NOT LI	89060-1194 39056-3437 4-3050 E FORMS WILL NOT BE EAVE ANYTHING BLANK.
CLEAKL	Personal Information	
NAME: Last, First (or na This is how you will Home Mailing Address ** Do NOT use your S	me you go by) be listed in the Directory & how your name will appear on yo Street or P.O. Box # School Address.	our Membership Card. Apt. No. or Lot No.
City	State	Zip
Home Phone	Cell Phone	Work Phone
E-mail Address		
Coaching Information		
Start here: School Name:		

I am: Athletic Director/ Superint	tendent/ Principal/ Other of	Junior High or Senior High
Sport Coached AND/OR:	Head or Assistant	Girls - Boys - Both
Sport Coached	Head or Assistant	Girls - Boys - Both
Sport Coached	Head or Assistant	Girls - Boys - Both

Please indicate whether this is a Sr. High/ Jr. High/ Community College/ University

Membership Information & Dues

Please Note: Purchase orders are NOT accepted. I WAS a member last year (2014-2015). I have enclosed \$65 for my membership dues.
I WAS NOT a member last year (2014-2015). I have enclosed \$70 for my membership dues.
I am retired and not currently coaching. I have enclosed \$20 for my membership dues.
I coach at an out-of-state school. I have enclosed \$70 for my membership dues.