

## MISSISSIPPI ASSOCIATION OF COACHES

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PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. INCOMPLETE FORMS WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED. DO NOT LEAVE ANYTHING BLANK.

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## 2018-2019 Membership Application Form

## **Personal Information**

NAME: Last, First (or name you go by This is how you will be listed in the	y) ne Directory & how your nam	1e will appear o	n your Membership Card.
Home Mailing Address ** Do NOT use your School Addre	Street or P.O. Box	#	Apt. No. or Lot No.
City	State		Zip
Home Phone	Cell Phone		Work Phone
E-mail Address			
Coaching Information: _	Active Coach _	Retired	Coach (If you are retired, stop here!)
Start here:			
School Name:			
Please indicate wheth	er this is a Sr. High/ Jr. I	ligh/ Commun	ity College/ University
Sport Coached	Head or Assista	ınt	Girls - Boys - Both
Sport Coached	Head or Assista	ınt	Girls - Boys - Both
Sport Coached AND/OR:	Head or Assista	unt	Girls - Boys - Both
I am: Athletic Director/ Superinten	dent/ Principal/ Other	of	Junior High or Senior High
Membership Information & Dues			
Please Note: Purchase orders are NOT accepted I WAS a member last year (2017-2018). I have enclosed \$65 for my membership dues.			
I <b>WAS NOT</b> a member last year (2017-2018). I have enclosed <b>\$70</b> 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 <b>\$70</b> for my membership dues.			