

MISSISSIPPI ASSOCIATION OF COACHES

Post Office Box 1194, Clinton, Mississippi 39060-1194 600 East Northside Drive, Clinton, Mississippi 39056-3437 Telephone 601-924-3020 • Fax 601-924-3050 Website www.mscoaches.com

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

PLEASE PRINT

2018-2019 Membership Application Form

Personal Information

NAME: Last, First (or name you go by This is how you will be listed in th	/) e Directory & how your nan	e will appear o	n your Members	ship Card.	
Home Mailing Address ** Do NOT use your School Addres	Street or P.O. Box :	ŧ		Apt. No. or Lot No.	
City	State			Zip	
Home Phone	Cell Phone			Work Phone	
E-mail Address					
Coaching Information: _	Active Coach	_ Retired	Coach ⁽¹	f you are retired, stop here!)	
Start here:					
School Name:					
Please indicate wheth	er this is a Sr. High/ Jr. F	ligh/ Commun	ity College/ U	niversity	
Sport Coached	Head or Assistant		Girls	- Boys - Both	
Sport Coached	Head or Assistant		Girls	Girls - Boys - Both	
Sport Coached AND/OR:	Head or Assistant		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 \$70 for my membership dues.					
I WAS NOT a member last year (2017-2018). I have enclosed \$75 for my membership dues.					
I am retired and not currently coaching. I have enclosed \$25 for my membership dues.					
I coach at an out-of-state school. I have enclosed \$75 for my membership dues.					