

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 PRIMI

2019-2020 Membership Application Form

Personal Information

NAME: Last, First (or name you go by This is how you will be fisted in th) e Directory & how your name	will appear on your Mem	bership Card.
Home Mailing Address ** Do NOT use your School Addres	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. Hi	gh/ Community College	e/ University
Sport Coached	Head or Assistan	t G	irls - Boys - Both
Sport Coached	Head or Assistan	t G	iirls - Boys - Both
Sport Coached AND/OR:	Head or Assistan	t G	Airls - Boys - Both
I am: Athletic Director/ Superinten	dent/ Principal/ Other	of Jun	ior High or Senior High
Membership Information & Dues			
Please Note: I WAS a member last year (201			
I WAS NOT a member last year	•		
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.			
I coach at an out-of-state sch	1001. I nave enclosed \$75	o tor my membership d	ues.