AZBCA MEMBERSHIP FORM

(Membership year is from September 1st to August 31st.)

Renewal:	Yes	No		Date:		
Name:						
Title:		(Head (Nimester etc.)		
		(Неаа С	Coach, Assistant Coach	, Director, etc.)		
School/Orgo	anization:					
Circle Affili	iation: Yo	uth	High School	JUCO	College	Other
Work Addre	2SS:					
City:			State:	Zip Code:		
Home Addre	2SS:					
City:	City: 51			Zip Code:		
E-mail addr	ess:					
Work Phone ()				Home Phone ()		
Preferred n	nailing add	dress:	Home	Wo	ork	
Year's coaching:				Varsity Head Coach Record:		

Membership Dues:

FOR ALL MEMBERS IS NOW: \$75.00 FOR HEAD COACHES AND ASSISTANTS.

EFFECTIVE: 1st of SEPTEMBER

MAKE CHECK PAYABLE TO: AZBCA

Please make the membership to:
Garye LaFevers
C/O AzBCA
P.O. Box 1466
Buckeye, AZ 85326

DO NOT SEND YOUR MEMBERSHIPS TO THE BCA NATIONAL OFFICE. THE AZBCA WILL FORWARD THE INFORMATION TO THE BCA WITH YOUR PAYMENT. THE AZBCA AND THE NATIONAL HIGH SCHOOL COACHES ASSOCIATION HAVE A DUAL MEMBERSHIP AGREEMENT.