

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

Renewal: Yes No Date: _____

Name: _____

Title: _____
(Head Coach, Assistant Coach, Director, etc.)

School/Organization: _____

Circle Affiliation: Youth High School JUCO College Other

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Work Phone () _____ Home Phone () _____

Preferred mailing address: Home Work

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:

Scott Richardson

C/O AzBCA

19580 W. Indian School Rd Ste 105 #958

Buckeye, AZ 85396

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.