

PLEASE
NO STAPLES

AMT of: Check _____ PO _____ Cash _____ / Clinic Reg. # _____



**APPLICATION FOR MEMBERSHIP- DUES \$30
2009-2010 (6/1-5/31)**

montana coaches association

Includes Liability Insurance

New Memb. No. _____ Date Received _____
Office use only Office use only

PLEASE PRINT LEGIBLY OR TYPE: (first & last name only)

Name _____
PLEASE USE 1ST NAME YOU ARE NORMALLY CALLED Check One

School _____ AT WHICH YOU COACH OR ARE AD OR TRAINER AA A B C

Example: If you coach
HS and JH both circle
only HS - Thank you

HS JH MS Elem (circle highest level only)

**Associate Members
please line out
all of the above.**

Mailing Address _____
(preferably home) _____

Zip _____

Home Ph: _____ School Ph: _____

E-mail: _____

Were you a member last year? Yes No

IMPORTANT! PLEASE CHECK ONE OF THE ABOVE

CHECK ATHLETIC RESPONSIBILITIES: (FOR 2009-2010)

	Boys Men	Girls Women	Head	Assistant		
Football			<input type="checkbox"/>	<input type="checkbox"/>	To complete this portion, you must be on the Athletic Department roster of the school you listed above.	
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Volleyball			<input type="checkbox"/>	<input type="checkbox"/>		
Wrestling			<input type="checkbox"/>	<input type="checkbox"/>		
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If you coach both sexes and are head in one and assistant in another, please use some system to indicate which is which.
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Softball			<input type="checkbox"/>	<input type="checkbox"/>		
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cheerleading			<input type="checkbox"/>	<input type="checkbox"/>		
Athletic Director			<input type="checkbox"/>	<input type="checkbox"/>		
Athletic Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strength & Conditioning coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CSCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Associate Memberships

College Out of State Special Olympics

Retired *Must have 10 or more years in service unless it is a member's first year out of service and YOU MUST COMPLETE THE BACK OF THIS FORM.*

**Dues \$30.00 - MAKE CHECK PAYABLE TO:
MONTANA COACHES ASSOCIATION OR MCA**

MAILING ADDRESS:

**PLEASE CHECK THE
MONTH AND SEND
FORM TO THE COR-
RECT ADDRESS.**

JULY-AUGUST
437 Columbine Court
Great Falls, MT 59405
Ph/Fax (406) 453-6476

SEPTEMBER-JUNE
9500 Harritt Road, # 281
Lakeside, CA 92040
Ph/Fax (619) 390-4514

Please complete reverse side also. _____

Roster Fax Card Computer

COACHING LONGEVITY INFORMATION

Number of years as a Coach, AD or Trainer through May 2009. *(Please don't tell us to add one more year to last year!)* **If you qualify for a longevity award, you will still need to complete the longevity form we send you in April!**

	In Montana			Out of State		
	H.S. or College Head Coach	H.S. or College Asst. Coach	JR. H. or Elem. Coach	H.S. or College Head Coach	H.S. or College Asst. Coach	JR. H. or Elem. Coach
Football						
Boys BKB						
Girls BKB						
Boys T & F						
Girls T & F						
Wrestling						
Boys CC						
Girls CC						
Girls VB						
Boys Gym.						
Girls Gym.						
Boys Swim.						
Girls Swim.						
Boys Tennis						
Girls Tennis						
Boys Golf						
Girls Golf						
Girls SB						
Girls Soccer						
Boys Soccer						
Cheerleading						
Athletic Director						
Strength & Conditioning						

Trainer _____ CERT: _____ CERT: _____

Total **school years** involved in any or all above categories * _____ through May 2009. Count each **school year** as one **regardless of how many areas you worked in.** *This is the total number of **school years** you have been involved in school athletic programs (**NOT** a total of the numbers above.) **Do not count AAU, TAC, military, or other nonschool programs.**