

MICHIGAN HIGH SCHOOL COACHES ASSOCIATION MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

School Name: _____

School Address: _____

School City: _____ State: _____ Zip Code: _____

School Athletic Director: _____

Sport/Sports Coaching: _____

Renewal: _____ New Member: _____ Change of Address: _____

Yearly dues are \$15.00 for individuals (includes NHSACA Membership).

Make checks payable to "MHSCA"; send check and application form to:

Mark F. Holdren, 854 Marshall Street, Portland, MI 48875