

PLEASE  
NO STAPLES

AMT of: Check \_\_\_\_\_ PO \_\_\_\_\_ Cash \_\_\_\_\_ / Clinic Reg. # \_\_\_\_\_



**APPLICATION FOR MEMBERSHIP- DUES \$30  
2010-2011 (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 \_\_\_\_\_ AA A B C  
AT WHICH YOU COACH OR ARE AD OR TRAINER

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 2010-2011)**

	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"/> Certified <input type="checkbox"/>					Strength & Conditioning coach <input type="checkbox"/> CSCS <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 2010. *(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 2010. 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.**