

New Memb. #

Date Rcd

OFFICE USE ONLY
Clinic Reg. #

Ck Amt

Ck #

Cash



montana coaches association

MCA MEMBERSHIP APPLICATION

2020-2021 (6/1-5/31) Dues \$40 Includes Liability Insurance for Active K-12 Coaches

Online registration preferred (Dues still \$35 @ www.montanacoaches.com)

PLEASE PRINT LEGIBLY OR TYPE:

Name _____
FIRST & LAST NAME ONLY. PLEASE USE 1ST NAME YOU ARE NORMALLY CALLED

School _____
WHERE YOU COACH OR ARE AD OR TRAINER

Check One AA A B C Private College

HS JH MS Elem (circle highest level only) Example: If you coach HS & JH both, circle only HS.

Mailing Address (preferably home) _____

City _____ ST _____ Zip _____

Cell or Home Phone: _____ School Phone: _____

E-mail (required): _____

Active Coaches - Mark all Athletic Responsibilities for (2020-2021)

	Boys Men	Girls Women	HS Head	HS Assistant	JH Elem	
Football			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To complete this portion, you must be on the Athletic Department roster of the school you listed.
Basketball	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Volleyball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrestling			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cross Country	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Tennis	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Softball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you coach both genders and are head in one and assistant in another, please mark a clear H or A where appropriate.
Cheerleading			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MCA membership 2020-21 (6/1-5/31) (required and non-refundable) **\$40**

Clinic Pre-Registration **\$65**
(Must be received by 7/20TH, after that register at Clinic for \$75)

Non-Member clinic attendee (I do not coach at a school) **\$105**

Wednesday lunch at Clinic (No charge for speakers) **\$6**

Donation to Ralph Halverson Scholarship Tax deductible

If mailing make check to MCA & send to: **MCA**
375 RAMBLE INN ROAD
FORT SHAW, MT 59443

Total

Associate Memberships

- College
- Athletic Director
- Athletic Trainer
- S&C Coach
- Administration
- Out of State
- Retired

Retirees must have coached 10 or more years at a school, unless it is 1st year out of service-

Confirm service on form below (required for all members)

To receive longevity awards, you must apply online: Jan 1-June 15.

(Required) Coaching History - # years as coach, trainer or AD through May 2020

School (where you coached) Just one line for each school	City & State	How many years at this school?	What did you coach? (ie: HBBB, AT&F, JHFB)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

(If you coached at 2 schools at same time list both on one line.)

Total years in school athletics

(through May 2020)