

New Memb. #

Date Rcd

OFFICE USE ONLY
Clinic Reg. #

Ck Amt

Ck #

Cash

**MCA MEMBERSHIP APPLICATION****2023-2024 (6/1-5/31) Dues \$40** Includes Liability Insurance for Active K-12 Coaches onlyOnline registration preferred (Dues still \$35 @ www.montanacoaches.com)**Active Memberships****PLEASE PRINT LEGIBLY OR TYPE:**Name _____
FIRST & LAST NAME ONLY. PLEASE USE 1ST NAME YOU ARE NORMALLY CALLEDSchool _____
WHERE YOU COACH OR ARE AD OR TRAINERCheck 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 _____ School _____

Phone: _____ Phone: _____

E-mail
(required): _____**Mark all Athletic Responsibilities for (2023-2024)**

	Boys Men	Girls Women	HS Head	HS Assistant	JH Elem	To complete this portion, you must be on the Athletic Department roster of the school you listed.
Football			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<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"/>	
Baseball			<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"/>	
Cheerleading			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S&C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Athletic Trainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Athletic Director		<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.

* not covered by liability insurance

☐ **MCA membership 2023-24 (6/1-5/31)****\$40**☐ **MCA Clinic Registration****\$65**☐ **Donation to Ralph Halverson Scholarship** Tax deductibleIf mailing make check to **MCA**
(Canadian Checks must indicate US Funds)**MCA**
375 RAMBLE INN ROAD
FORT SHAW, MT 59443**Total****Associate Memberships**College ☐Administration ☐Out of State ☐Retired ☐

New! Retirees must have been a "dues paying" MCA member for at least 10 years.

Confirm service on form below
(required for all members)**To receive longevity awards, you must apply online: Jan 1-June 15.**<https://montanacoaches.powermediallc.org/longevity-form/>**(Required) Coaching History - # years as coach, trainer or AD through May 2023**

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 2023)**