



MCA MEMBERSHIP APPLICATION
 2024-2025 (6/1-5/31) Dues \$40 Includes Liability Insurance for Active K-12 Coaches only
 Online registration preferred (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 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 Memberships						
Mark all Athletic Responsibilities for (2024-2025)						
	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. 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
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"/>	

MCA membership 2024-25 (6/1-5/31)

\$40

Associate Memberships

Donation to Ralph Halverson Scholarship Tax deductible

If mailing make check to MCA & send to: **MCA**
 (Canadian Checks must indicate US Funds) 375 RAMBLE INN ROAD
 FORT SHAW, MT 59443

Total

- College
- Administration
- Out of State
- Retired
- 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 2024			
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 2024)