## 2016 Membership Form

# Checks payable to: OHSBCA

Mail to: Pat Ewing enclose Check $25

 6934 Camden Dr.

 New Albany, Ohio 43054



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| Applicant Information |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Preferred Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( )  | School Phone: | ( ) |
| Email address: |  |
|  |
| Coaching Information |
| Mark the appropriate response |
| Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Varsity | [ ]  | JV / FR | [ ]  | College  |
| [ ]  | Assistant | [ ]  | Jr. High  | [ ]  | Other |
| School Classification: |
| [ ]  | I | [ ]  | III |
| [ ]  | II | [ ]  | IV |
| District: |
| [ ]  | Central | [ ]  | Northeast | [ ]  | Northwest |
| [ ]  | East | [ ]  | Southeast | [ ]  | Southwest |  |
| [ ]  | College |  |  |  |  |  |

|  |
| --- |
| [ ]  |

**Retired: if you are a retired baseball coach and would like to remain a "lifetime member" of the OHSBCA, please complete each of the above sections as it pertains to your last coaching**

 **position. Send a one-time $25 membership fee with this application so you can continue to**

 **stay involved with our organization. If you are planning to attend the state clinic, please**

 **complete the clinic registration form instead. There will be an additional $25 fee to attend the**

 **clinic and Hall of Fame banquet.**

If you are unable to attend the clinic but wish to be a member, this form and $25 must be received no later than March 15, 2016.

You must be a member of the OHSBCA to have nominating and voting privileges for the All-Ohio Poll team and Senior All-Star Series. Membership also includes free membership to OHSBCA sponsored games.